STATE OF KANSAS - CORPORATION COMMISSION PRODUCTION TEST & GOR REPORT

Conservation	Division								71-005	13 -07	form C-5 Rev.	
YPE TEST:			□ Annual		□ Workover		□ Reclassification		TEST DATE:		10 - 13 · 97 Well No.	
Company Br	rito Oil Company, Ir				Lease	Neufe			#1-27			
County So	Loc cott NW		Location NW NW S	ocation IW NW SE		Section 25		nip	Range (E/W) 31W		Acres 160	
PI Well Num 5 - 17-20		0-00		eservoir(s) Marmato	n "B"					Gas Pipel	ine Connection	
Completion D		Type of (Completion (1 f @ 4417	Describc) -21				Plug Bac 4700	k T.D.		Packer Set A	
ifting Method	t: Pumping	X Gas Lift	ESP	Ty 01	pe Liquid 1					API Grayi 33	ty of Liquid/Oi	
Casing Size	Weight 14#			LD.		•	Perforstions, 4417		To 42		t	
ubing Size	Weight 4.5#			D.	Set At 4615 '		Perforations		То			
Pretest: Starting Date			Time AN		MPM Ending	ling Date			Time		AM/PM	
est: Starting Date -	10-13	3-97 _	_ Time 8:0	00 Ai	PM Ending	Date /	0-14	-97	Time 8:0	O AND	PM	
				OIL PRO	DDUCTION C	Name and Address of the Owner, where the Person of the Per					A) (7:	
Producing We Dasing:	llhead Pres Psig		P	sig	Separa	tor Pressu	Œ	Paig			Choke Size	
Bbls/In.		Stock Tank		Starting C		c		nding Gaug	c	Net API Bbis.		
	Size	Number	Feet	Inch	es Barre	is	Feet	Inches	Barrels	Water	Oil	
Pretest				,					100 100	110	6110	
Test:	200	3501	25	10	" 117	<u> </u>	8'	// "	178.69	46	61.69	
Test:								Contract Con		<u> </u>		
				GAS PR	ODUCTION (~	
Orifice Meter Pipe Taps:	Connection	<u>ns</u> (Y es/N 0) Flange T	aps:		Differe Differe	Meter Ra ntial:	iike		Static Pressu	ire: B	≥ 10.2	
Type Measuring Device	Entry Size		Meter-Prov	ver-Tester P	Psig or (P _d)	%CO,			T. Press. a) or (h _d)	Gat⊖ Gravity (G ₂)	Flowing /Temp. (t)	
Orifice Meter										D		
Critical Flow Prover										2	O A	
MERLA Well Tester						_	-	,				
				GAS FL	OW RATE CA	LCULAT	IONS (R)					
Coeff. M (F _b) (F				Press. Extension	Gravity (Fg	,	Flowing Ten Factor (F ₂)		Deviation Factor (F _p		Sqr. Rt. Chart Factor (F _d)	
Gas Prod. MCFD Flow Rate (R):			Oil Prod Bbls./Da				Gas/Oil Ratio (GOR) =				Cubic For	
The the facts states	undersign d therein, s	nd that said re	n behalf of the	te Company ad correct. I	Shoul	is duly au 14	thorized to	make the al	ove report and	19	knowledge of 92.	
For	Offset Op	erator		Fo	or Commission				F	of Company		