

Case 48-101-21464-2001

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division  
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 2-3-4-94  
 Company: Wilton Petroleum Lease: Kerkhoff Well No.: 2  
 County: Lane Location: SWSE Section: 16 Township: 16 Range: 29 Acres:  
 Field: Jemison North Reservoir: Lawmy 2 Foot Scott Pipeline Connection: Marion-Koch  
 Completion Date: 10-8-93 Type Completion (Describe): Single Plug Back T.D.: NA Packer Set At:  
 Production Method: Type Fluid Production: OIL WT API Gravity of Liquid/Oil: 37°  
 Flowing Pumping Gas Lift  
 Casing Size: 5 1/2 Weight: 174.1 I.D.: Set At: 4502 Perforations: 4148 To: 4388  
 Tubing Size: 2 7/8 Weight: 6.5 I.D.: Set At: 4362 Perforations: To:  
 Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.  
 Test: Starting Date: 2-3-94 Time: 2:00 Ending Date: 2-4-94 Time: 2:00 Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size		
Casing:	Tubing:						
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
1-67	Size Number	Feet	Inches	Feet	Inches	Water	Oil
Pretest:							
Test:	200 1	1	0	2004 1	6"	30.06	56 10.02
Test:							

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps:	Flange Taps:	Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure In. Water	Pressure In. Merc. Psig or (Pd)	Diff. Press. (hw) FSI (Pd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter					STATE CORPORATION COMMISSION		
Critical Flow Prover					FEB - 9 1994		
Orifice Well Tester					CONSERVATION DIVISION Wichita Kansas		

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 10.02 Gas/Oil Ratio (GOR) = Cubic Ft. per Bbl.

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 4th day of Feb 1994

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]