

15-101-21653-00-00  
 STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

8

Conservation Division: Form C-5 Revised  
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-26-27-93  
 Company: Uiking Lease: Yost Well No.: 2  
 County: Lane Location: SE Section: 8- Township: 18 Range: 28 Acres:  
 Field: Lane Reservoir: LKC Pipeline Connection: NCRH  
 Completion Date: 8-93 Type Completion(Describe): OIL Sample Plug Back T.D.: Packer Set At:  
 Production Method: Pumping Type Fluid Production: OIL + WATER API Gravity of Liquid/Oil: 36.4  
 Flowing Casing Size: 4 1/2 Weight: 10.5 I.D.: 4.591 Set At: 4223 Perforations: 4251 To:  
 Tubing Size: 2 7/8 Weight: 4.7 I.D.: 4.220 Set At: Perforations: To:  
 Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.:  
 Test: Starting Date: 10-26-93 Time: 10:00 Ending Date: 10-27-93 Time: 10:00 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.				
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	126746	1	0	2004	2	2	43042	56 23.8
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	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc. Psig or (Pd)			
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD: Oil Prod. Bbls./Day: 23.38 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 27th day of Aug 1993

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

RECEIVED  
 STATE CORPORATION COMMISSION  
 OCT 26 1993