

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-101-21101-0001 *P*

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 6-28-95

Company L D Drilling Lease Lang Well No. 1

County Lane Location C SWNE Section 9 Township 16 Range 27 Acres

Field MISSISSIPPI Reservoir NCRA Pipeline Connection

Completion Date 5-26-95 Type Completion (Describe) Single Oil Plug Back T.D. 4609 Packer Set At

Production Method: Pumping Type Fluid Production Oil & Water API Gravity of Liquid/Oil 38°

Flowing Pumping Gas Lift

Casing Size	Weight	I.D.	Set At	Perforations	To
<u>5 1/2"</u>	<u>14</u>		<u>4165</u>	<u>4546</u>	<u>52</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 3/8"</u>	<u>4.7</u>		<u>4604</u>		

Pretest: Starting Date 6-28-95 Time 9:30 Ending Date 6-28-95 Time 9:30 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure				Choke Size				
Casing:	Tubing:	Starting Gauge		Ending Gauge		Net Prod. Bbls.				
Bbls./In.	Tank	Feet	Inches	Feet	Inches	Water	Oil			
Size	Number	Barrels	Barrels	Barrels	Barrels					
Pretest:										
Test:	<u>200</u>	<u>27973</u>	<u>1</u>	<u>0</u>	<u>20.04</u>	<u>2</u>	<u>1/2</u>	<u>40.92</u>	<u>63</u>	<u>20.87</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range				Static Pressure:	
Pipe Taps:	Flange Taps:	Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			Psig or (Pd)				
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Pm)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)	(Pm)	(Pm)	√hw x Pm	(Fg)	(Ft)	(Fpv)	(Fd)

Gas Prod. MCFD \_\_\_\_\_ Oil Prod. Bbls./Day: 20.87 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 24th day of June 1995

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