

15-135-23821-00-00

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division  
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-3-94  
 Company Viking Resources Lease Englev Well No. 1  
 County Ness Location CE/2 NWNW Section 25 Township 19 Range 25 Acres 160  
 Field Wildcat Reservoir MISS Pipeline Connection NCPA  
 Completion Date 9-7-94 Type Completion (Describe) Open Hole Plug Back T.D. Packer Set At  
 Production Method: Pumping Type Fluid Production API Gravity of Liquid/Oil 37.2  
 Flowing Pumping Gas Lift  
 Casing Size 5 1/2" Weight 14 I.D. Set At 44.22 Perforations OH To 44.22-32  
 Tubing Size 2 7/8" Weight 65 I.D. Set At 44.20 Perforations To

Pretest: Duration Hrs.  
 Starting Date Time Ending Date Time  
 Test: Duration Hrs.  
 Starting Date 9-0-394 Time 11:30 Ending Date 10-4-94 Time 11:30 Duration 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size						
Casing:	Tubing:										
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.					
<u>147</u>	Size Number	Feet	Inches	Feet	Inches	Water	Oil				
Pretest:											
Test:	<u>200</u>	<u>1249</u>	<u>46</u>	<u>1</u>	<u>0</u>	<u>20.01</u>	<u>4</u>	<u>3</u>	<u>85117</u>	<u>15</u>	<u>65.03</u>
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. (Fb)(Fp)(CWTG)	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: 65.03 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 Oct 1994  
 For Offset Operator \_\_\_\_\_ For State \_\_\_\_\_ For Company Don Winter