

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15109.20686.0000

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 3-27-98
 Company: Vess Oil Corporation Lease: THRASHER Well No.: 1-1
 County: LOGAN Location: NE NE NE Section: 1 Township: 11 Range: 74W Acres:
 Field: JOHNSON Reservoir: JOHNSON Pipeline Connection: Koch
 Completion Date: 1-1-98 Type Completion(Describe): 4738 Plug Back T.D.: 4738 Packer Set At:
 Production Method: SPM: 7 1/2 LS 54 Type Fluid Production: Oil API Gravity of Liquid/Oil: 25
 Flowing (Pumping) Gas Lift: 25
 Casing Size: 4 1/2 Weight: 4784 I.D.: 4784 Set At: 4784 Perforations: 4666-72 To:
 Tubing Size: 2 3/8 Weight: 4703 I.D.: 4703 Set At: 4703 Perforations: 4703 To:
 Pretest: Starting Date: _____ Time: _____ Ending Date: _____ Time: _____ Duration Hrs.: _____
 Test: Starting Date: 3-26-98 Time: 10:00 AM Ending Date: 3-27-98 Time: 10:00 AM 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	Feet	Inches	Barrels	Feet	Inches	Barrels
Pretest:							
1.67/10							
Test:	200	248157	7	4 1/2	8	9 1/2	-0- 28
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.	Gravity	Flowing	
			In.Water	In.Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

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) = 18 Oil Prod. Bbls./Day: 28 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 27 day of March 1998
3-31-98
 For Offset Operator: _____ For State: Mauris Miller For Company: Doug Brannon