

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15109-20556-0000

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 10-22-93  
 Company: JOHN O. FARMER INC. Lease: RUBY DIRKS Well No. 1  
 County: LOGAN Location: SW SE SE Section: 6 Township: 13 Range: 33 W Acres: 1  
 Field: JOHNSON Reservoir: KOCH Pipeline Connection: KOCH  
 Completion Date: 10-15-93 Type Completion(Describe): 4650 Plug Back T.D.: 4650 Packer Set At:  
 Production Method: SPM-12 LS-46 Type Fluid Production: OIL API Gravity of Liquid/Oil: 36  
 Flowing (Pumping) Gas Lift: 014  
 Casing Size: 5 1/2 Weight: I.D. Set At: 4650 Perforations: 4495 - 4510 To:  
 Tubing Size: 2 7/8 Weight: I.D. Set At: 4534 Perforations: To:

Pretest: Starting Date Time Ending Date Time Duration Hrs.  
 Test: Starting Date 10-21-93 Time 11:45 AM Ending Date 10-22-93 Time 11:45 AM 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	Feet	Inches	Barrels	Water	Oil
1.6712									
Pretest:	200	H2O	1	1	1	7		10	
Test:	200	181491	5	7 1/2	9	6			78
Test:	200	181492	1	3	3	4			42

GAS PRODUCTION OBSERVED DATA

Total 10 120

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

RECEIVED  
 STATE CORPORATION COMMISSION  
 OCT 26 1993  
 10-26-93

GAS FLOW RATE CALCULATIONS (R)

CONSERVATION DIVISION

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

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 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 22nd day of October 19 93

For Offset Operator: *Mawin Miller* For State: *[Signature]* For Company: *[Signature]*