

STATE OF KANSAS - CORPORATION COMMISSION **15-077-30150-0000**  
**PRODUCTION TEST & GOR REPORT**

Conservation Division Form C-5 Revised

<b>TYPE TEST:</b> Initial		Annual xx	Workover	Reclassification	<b>TEST DATE:</b> 6-28-95	
Company Bison Production Company			Lease Williams "A"		Well No. 1	
County Harper	Location C NW NW	Section 11	Township 31S	Range 8W	Acres 40	
Field Spivey-Grabs		Reservoir Mississippi		Pipeline Connection		
Completion Date 1966	Type Completion (Describe) Frac		Plug Back T.D.		Packer Set At	
<b>Production Method:</b> Flowing Pumping xx Gas Lift		<b>Type Fluid Production</b> Oil		<b>API Gravity of Liquid/Oil</b>		
Casing Size 4 1/2"	Weight 9.5	I.D.	Set At 4504,4506-4415'	Perforations	To	
Tubing Size 2 3/8"	Weight	I.D.	Set At 4410'	Perforations	To	

<b>Pretest:</b>				Duration Hrs.
Starting Date	Time	Ending Date	Time	Duration Hrs.
Starting Date 6-28-95	Time 8:00 AM	Ending Date 6-29-95	Time 8:00 AM	24

OIL PRODUCTION OBSERVED DATA										
Producing Wellhead Pressure			Separator Pressure				Choke Size			
Casing:	Tubing:		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
Bbls./In.	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	154978	7	10		8	0			3.34
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 Temp.	
Orifice Meter		.5	In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	(t)	
Critical Flowprover									
Orifice Well Tester									

GAS FLOW RATE CALCULATIONS						
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)
1.214		6.928			1.19	
Gas Prod. MCFD Flow Rate (R): 10.0		Oil Prod. Bbls. /Day: 3.34		Gas/Oil Ratio (GOR) = 3263		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 7th day of August 19 95.

For Offset Operator

For State

For Company

