

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & COR REPORT

Conservation Division Form C-5 Revised July 12, 2000
 TYPE TEST: Initial X Annual Workover Reclassification TEST DATE:
 Company Lease Well No.

Colt Resources Corporation FREELAND
 County Harper Location SW-SE-SW Section 4 Township 31 Range 46 Acres 46

Field Spivey-Grabs Reservoir Mississippi Pipeline Connection Colt Resources Corporation

Completion Date 05/25/00 Type Completion(Describe) Single Oil Well Plug Back T.D. 4543' Packer Set At N/A

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

Flowing	Pumping X	Gas Lift				
Casing Size	Weight	I.D.	Set At	Perforations	To	
5 1/2"	15.5#	5.0	4589'	4436'	4456'	
Tubing Size	Weight	I.D.	Set At	Perforations	To	
2 3/8"	4.7#	1.99	4506'		N/A	

Pretest: Starting Date 07/14/00 Time 8:00 A.M. Ending Date 07/15/00 Time 8:00 A.M. Duration 24 Hrs.

Test: Starting Date 07/15/00 Time 8:00 A.M. Ending Date 07/16/00 Time 8:00 A.M. Duration 24 Hrs.

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Coke Size				
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	210 85397	11	6	160.08	12	9	177.48	127.60	17.4
Test:	210 85397	12	9	177.48	14	0	194.88	127.60	17.4
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 In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	1"				30 30#		
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fdv)	Chart Factor (Fd)
		$\sqrt{hw \times Pm}$				
Gas Prod. MCFD	230	Oil Prod. Bbls./Day:	17.4	Gas/Oil Ratio (GOR) =	13218	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. Witness this the 16th day of July 19 00

For Offset Operator III 1 8 2000 For State For Company