

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-101-21737-0000

Form C-5 Revised

Conservation Division

TYPE TEST: Initial  Annual  Workover  Reclassification  TEST DATE:

Company A. L. Abucconbie, Inc. Lease Keenan Well No. 1

County Lane Location C-NE-NESE Section 34 Township 18 Range 29 Acres

Field KC Reservoir KC Pipeline Connection

Completion Date \_\_\_\_\_ Type Completion(Describe) \_\_\_\_\_ Plug Back T.D. \_\_\_\_\_ Packer Set At \_\_\_\_\_

Production Method: \_\_\_\_\_ Type Fluid Production Oil API Gravity of Liquid/Oil 35.3

Flowing  Pumping  Gas Lift

Casing Size 4 1/2 Weight 10.5 I.D. \_\_\_\_\_ Set At 4414' Perforations 4295 To 4298

Tubing Size 2 3/4 Weight \_\_\_\_\_ I.D. \_\_\_\_\_ Set At 4304 Perforations 4304' To 5 1/2

Pretest: \_\_\_\_\_ Duration Hrs. \_\_\_\_\_

Starting Date \_\_\_\_\_ Time \_\_\_\_\_ Ending Date \_\_\_\_\_ Time \_\_\_\_\_

Test: \_\_\_\_\_ Duration Hrs. \_\_\_\_\_

Starting Date 6-2-97 Time 9:30 Ending Date 6-3-97 Time 9:30 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	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200   245554	6	0	120	8	1	162	Trace	4298
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)

Gcoeff. (Fb)(Fp)(CWTC)	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 \_\_\_\_\_ Oil Prod. Bbls./Day: 42 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 3 day of June 1997

For Offset Operator

For State

For Company