

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-025-21123-0000 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 5-15-95

Company Samuel Gary Jr Lease Thomas Comstock Well No. 10-12

County Clark Location NWWSW Section 10 Township 32 Range 22 Acres

Field Wildcat Reservoir Mississippi Pipeline Connection Koch Hask Oil

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

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

Flowing Pumping Gas Lift 0.25W 42.8

Casing Size 6 1/2 Weight 15.5 I.D. 4.95 Set At 6514 Perforations 6494 To 6506

Tubing Size 2 3/8 Weight 4.7 I.D. 1.995 Set At 6514 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 5-15-95 Time 9:30 Ending Date 5-16-95 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
<u>67</u>										
Pretest:										
Test:	<u>300</u>	<u>246485</u>	<u>6' 1/4</u>	<u>7' 1/4</u>	<u>132335</u>	<u>9'</u>	<u>4"</u>	<u>18704</u>	<u>30.6</u>	<u>54.69</u>
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. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester	<u>2</u>	<u>3/8</u>						

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
		$\sqrt{hw \times Pm}$				

Gas Prod. MCFD Flow Rate (R): 31.4 Oil Prod. Bbls./Day: 54.69 Gas/Oil Ratio (GOR) = .574 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 16th day of MAY 16 1995

For Offset Operator _____ For State _____ For Company Samuel G. Benedict

RECEIVED CORPORATION COM MAY 17 1995