

15-077-21184-0000  
 STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

FEB 1 1989 Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 2-22-89

Company: American Energies Corp Lease: Short A Well No. #1

County: Harper Location: NE1/4 Section: 12 Township: 31 Range: 8W Acres: [blank]

Field: Wild Cat Reservoir: Simpson Sand Pipeline Connection: TEXACO

Completion Date: 12-28-88 Type Completion(Describe): [blank] Plug Back T.D.: 4797 Packer Set At: N/A

Production Method: [blank] Type Fluid Production: Oil API Gravity of Liquid/Oil: 48

Flowing (Pumping) Gas Lift Casing Size: 5 1/2 Weight: [blank] I.D.: [blank] Set At: 4820 Perforations: 4789.5 To: 90.5

Tubing Size: 2 7/8 Weight: [blank] I.D.: [blank] Set At: 4746 Perforations: [blank] To: [blank]

Pretest: Starting Date: [blank] Time: [blank] Ending Date: [blank] Time: [blank] Duration Hrs.: [blank]

Test: Starting Date: 2-22-89 Time: 10:00 Ending Date: 2-23-89 Time: 10:00 Duration Hrs.: 24 hrs

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	27073	2	-	45.18	3	2 1/4	64.02	80821 24
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)

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

Gas Prod. MCFD: [blank] Oil Prod. Bbls./Day: [blank] Gas/Oil Ratio (GOR) = [blank] Cubic Ft. per Bbl. [blank]

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 23 day of 2 1989

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]