

15-077-2179-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial		Annual xx	Workover	Reclassification	TEST DATE: 6-1-97	
Company Bison Production Company			Lease Yoder "A"		Well No. 1	
County Harper	Location E/2 NE NW	Section 11	Township 31S	Range 8W	Acres 40	
Field Spivey-Grabs		Reservoir Mississippi		Pipeline Connection		
Completion Date 9-88		Type Completion (Describe) Frac		Plug Back T.D.		Packer Set At
Production Method: Flowing Pumping xx Gas Lift			Type Fluid Production		API Gravity of Liquid/Oil	
Casing Size 5 1/2"	Weight 14.5	I.D.	Set At 4458'	Perforations 4430-4434'	To	
Tubing Size 2 7/8"	Weight	I.D.	Set At 4250'	Perforations	To	
Pretest:						
Starting Date		Time	Ending Date		Time	Duration Hrs.
Test: Starting Date 5-31-97		Time 8:00 AM	Ending Date 6-01-97		Time 8:00 AM	Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

<u>Producing Wellhead Pressure</u>		<u>Separator Pressure</u>			<u>Choke Size</u>					
<u>Casing:</u>		<u>Tubing:</u>								
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	170269	4	8		4	91			1.67
Test:										

GAS PRODUCTION OBSERVED DATA

<u>Orifice meter connections</u>				<u>Orifice Meter Range</u>				
<u>Pipe Taps:</u>		<u>Flange Taps:</u>		<u>Differential:</u>		<u>Static Pressure:</u>		
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		.5			11	4		
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		6.63			1.19	
Gas Prod. MCFD		Oil Prod. Bbls. /Day:		Gas/Oil Ratio (GOR) =		Cubic Ft. per Bbl.
Flow Rate (R): 9.30		1.67		5735		

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 17th day of June 1997.

For Offset Operator

For State

For Company