

Conservation Division

TEST DATE: _____
 TYPE TEST: Initial Annual Workover Reclassification Lease Well No. _____
 Company: Bison Energy Corporation Heath #3
 County: Harper Location: E/2 E/2 SE/4 NE/4 Section: 7 Township: 32S Range: 9W Acres: _____
 Field: Spivey Grabs Reservoir: Mississippi Pipeline Connection: Koch Oil Company
 Completion Date: _____ Type Completion (Describe): Plug Back T.D. Packer Set At: _____

Production Method: _____ Type Fluid Production: _____ API Gravity of Liquid/Oil: 27.5
 Flowing Casing Size: _____ Pumping Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____
 Tubing Size: _____ Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____

Pretest: _____ Duration Hrs. _____
 Starting Date: _____ Time: _____ Ending Date: _____ Time: _____
 Test: _____ Duration Hrs. _____
 Starting Date: _____ Time: _____ Ending Date: _____ Time: _____

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:				
Test:				

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections	Orifice Meter Range					
Line Taps: 3665 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		0.625				
Critical Flow Prover						
Orifice Well Tester						

GAS FLOW RATE CALCULATIONS (R)

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 (Fcd)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: _____ Gas/Oil Ratio (GOR) = ~~11000~~ 11000 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 18th day of June 1986

For Offset Operator _____ For State _____ For Company _____

RECEIVED STATE CORPORATION COMMISSION

JUN 23 1986
 6-23-86
 CONSERVATION DIVISION
 -Wichita, Kansas