

15-877-20396-0000

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division  
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE:  
 Company Lease Well No.  
 GRAVES DRILLING CO., INC Maroney #1  
 County Location Section Township Range Acres  
 Harper C SE NE 4-32S-9W 40  
 Field Reservoir Pipeline Connection  
 Spivey-Grabs Mississippian OXY USA  
 Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At  
 1-19-77 Single none  
 Production Method: Type Fluid Production API Gravity of Liquid/Oil  
 Flowing Pumping x Gas Lift Oil & Water 25.4  
 Casing Size Weight I.D. Set At Perforations To  
 5 1/2 15 1/2 4360' 4369' to 4372'  
 Tubing Size Weight I.D. Set At Perforations To  
 2 3/8

Pretest:  
 Starting Date 5-23 Time 8:00 Ending Date 5-24 Time 8:00 Duration Hrs. 24  
 Test:  
 Starting Date 5-24 Time 8:00 Ending Date 5-25 Time 8:00 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:	200	47107	2	3	45.01	2	4	46.69	20	1.67
Test:	200	47107	2	4	46.69	2	5	48.36	20	1.67
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 Temp.	
			In.Water	In.Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	(t)
Orifice Meter		1/2"					.670	
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 (Fd)

Gas Prod. MCFD Flow Rate (R): 30  
 Oil Prod. Bbls./Day: 1.67  
 Gas/Oil Ratio (GOR) = 17,964  
 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 \_\_\_\_\_ day of June, 1990

For Offset Operator

For State

For Company

Kansas

*Walter A. ...*  
 Graves Drilling Co., Inc.