

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-29-97
 Company: Hinkle Oil Co # 5290 Lease: Smith Well No.: 1
 County: Barber Location: 2310 FSL 1880 FWL Section: 6 - Township: 30S - Range: 13W Acres:
 Field: Reservoir: Simpson Pipeline Connection: NCRA

Completion Date: 8-12-97 Type Completion (Describe): Single Plug Back T.D.: 4650' Packer Set At:
 Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil + wt. API Gravity of Liquid/Oil: 30.6

Casing Size: 5 1/2" X Weight: 15.5 I.D.: 4.950' Set At: 4687.53' Perforations: 4602 To: 04 (4 shots per ft)
 Tubing Size: 2 7/8" X Weight: 6.5 I.D.: 2.441' Set At: 4624.01' Perforations: 4610 To: 4613'

Pretest: Starting Date: Ending Date: Duration Hrs.:
 Test: Starting Date: 10-28-97 Time: 8:30 AM Ending Date: 10-29-97 Time: 8:30 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing wellhead Pressure		Separator Pressure		Choke Size			
Casing: 110"	Tubing: 110"	110"		Full open			
Bols./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
Size	Number	Feet	Inches	Feet	Inches	Water	Oil
Pretest:							
Test:	250	2286	2' 3"	74.25	3' 1"	77.50	27.50
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 In. Water	Pressure In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	2"	1.375			109"	76"	1.808	48°
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fc)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fdv)	Chart Factor (Fcd)
√nw x Pm						
.6860	123.4	96.84	1.112	1.012	—	—
Gas Prod. MCFD	Oil Prod. Bbls./Day	Gas/Oil Ratio (GOR)	Cubic Ft. per Bbl.			
Flow Rate (R): 74.76	27.50	2.72				

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 29th day of October 19 97

For Offset Operator: *Stephen J. Perfer* For State: *Lee Biebar* For Company: *Lee Biebar*

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____

LEASE _____ OF SEC. _____ T _____ R _____

WELL NO. _____ COUNTY _____

FIELD _____ PRODUCING FORMATION _____

Date Taken _____ Date Effective _____

Well Depth _____ Top Prod: Form _____ Perfs _____

Casing: Size _____ Wt. _____ Depth _____ Acid _____

Tubing: Size _____ Depth of Perfs _____ Gravity _____

Pump: Type _____ Bore _____ Purchaser _____

Well Status _____

Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____

Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE _____

FOR OPERATOR _____

FOR OFFSET _____