

Physical Productivity Report to THE STATE CORPORATION COMMISSION, Conservation Division, 212 N. Market, Wichita, Kansas

K+E Oryls Producer's Name *Horchem* Lease Name *E 1* Well No. *UNICE, So.* Pool *Mississippi* County *15-135-22151-00-00* Producing Horizon *15-135-22151-00-00* Pipe Line (Purchaser)

Taken *Jan* Month *16* Day 19*82* Effective Month Day 19 Sec. *28* Twp. *16* R. *26* E W

RECEIVED STATE CORPORATION COMMISSION
FEB - 9 1982
CONSERVATION DIVISION
Wichita, Kansas

| Tank No. | Size | Opening Gauge | | | | Barrels | Closing Gauge | | | | Barrels |
|---------------|------------|------------------------|-----|-------------------------|-----|--------------|---------------|--------------|------------|-----|--------------|
| | | Time on: <i>2:15 P</i> | | Time off: <i>3:10 P</i> | | | Oil Level | | B. S. & W. | | |
| | | Ft. | In. | Ft. | In. | | Ft. | In. | Ft. | In. | |
| Gun Bbl. | | | | | | | | | | | |
| Settling Tank | | | | | | | | | | | |
| <i>120081</i> | <i>200</i> | <i>28 1/2</i> | | | | <i>54.37</i> | <i>4</i> | <i>5 1/2</i> | | | <i>89.41</i> |
| | | | | | | | | | | | <i>54.37</i> |
| | | | | | | | | | | | <i>35.04</i> |

| Well Data | |
|---------------------|--|
| Top Prod. Horizon | <i>4586</i> Ft. Total Depth <i>4591</i> |
| Perforations | <i>4586</i> to <i>4591</i> Ft. |
| Size of Casing | <i>4 1/2</i> Set at <i>4586</i> Ft. |
| Size of Tubing | <i>2 3/8</i> Set at <i>4587</i> Ft. |
| Size of Pump | <i>1 1/2</i> Type <i>2no.</i> |
| Gravity of Oil | Temp. |
| Percentage of Water | <i>Trace</i> Acid <i>750</i> gal. Date <i>1-8-82</i> |

Total Bbls. Produced = *35* X 3 = *105* Productivity

REMARKS:

SEALS and USES:

WITNESSING: We, the undersigned, personally witnessed the gauging periods as indicated by our signatures, and certify that they were taken according to the Commission's Rules.

| Gauge Witnesses | Opening Gauge | Closing Gauge |
|------------------|--------------------|--------------------|
| For Producer | <i>[Signature]</i> | <i>[Signature]</i> |
| For Offset Owner | | |
| For State | <i>[Signature]</i> | <i>[Signature]</i> |

Test Data

Temporary Permanent Field Special

Flowing Swabbing Pumping

Length of Stroke _____ In. S. P. M. _____

Pretest Information:

Hours pumped *2 1/2*

Bbls. Produced _____

Tank Tables Used _____

Est. *102* (Bbls. per In.)

Checked by: _____

