

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Conservation Division Initial Form C-5 Rev. 7-9-03
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 7-9-03
 Company F.G. Holl company LLC Lease DAVIS X Well No. 2-15
 County BARBER Location 170'S 240'E 08 NE NW 15 Township 30S Range (E/W) 13W Acres
 API Well Number 15-007-22691-00-01 Reservoir(s) Viola-Chert Gas Pipeline Connection
 Completion Date 4-16-02 Type of Completion (Describe) New well completion Plug Back T.D. 4815 Packer Set At
 Lifting Method: Pumping Gas Lift ESP Type Liquid Oil & Water API Gravity of Liquid/Oil 32°
 Casing Size 4 1/2 Weight 10.5# LD. 4.052 Set At 4815 Perforations 4569 To 4593
 Tubing Size 2 3/8 Weight 4.7 LD. 1.995 Set At 4537 Perforations 4569 To 4593

Pretest: Starting Date _____ Time _____ AM/PM Ending Date _____ Time _____ AM/PM
 Test: Starting Date 7-8-03 Time 9:30 AM Ending Date 7-9-03 Time 9:30 AM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure _____ Separator Pressure _____ Choke Size _____
 Casing: 31 Psig Tubing: 100 Psig 31 Psig

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test	<u>250</u>	<u>4231</u>	<u>3'</u>	<u>9"</u>	<u>75.03</u>	<u>4'</u>	<u>1"</u>	<u>81.67</u>	<u>5.57</u>	<u>6.64</u>
Test										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No) _____ Orifice Meter Range _____
 Pipe Taps: _____ Flange Taps: _____ Differential: _____ Static Pressure: _____

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _p)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _g)	%CO ₂	H ₂ S ppm			
Orifice Meter										
Critical Flow Prover										
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F ₁) (F ₂)	Meter-Prover Press. (P _{sia})(P _a)	Press. Extension $\sqrt{h_w \cdot P_m}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _{pr})	Sqr. Rt. Chart Factor (F _d)
<u>NO GAS SALES</u>						

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Feet _____
 Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____ 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 9th day of July 2003

 For Offset Operator For Commission For Company

RECEIVED
 JUL 16 2003
 KCC MICHITA

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

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