STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

15-007-22390-0000

Conservation Division

Form C-5 Revised

TYPE TEST:	Initial X	Annual	Workover	Reclassification	TEST DATE: 4-10-92

Company Pickrell Drilling Co. Inc. **Lease** Meairs "A"-"B" **Well No.** 2

County Barber **Location** NW NW SE **Section** 27 - **Township** 30S - **Range** 12W **Acres** 40

Field ___ **Reservoir** Arb. **Pipeline Connection** Koch

Completion Date 1-28-92 **Type Completion(Describe)** acidized **Plug Back T.D.** 4710 **Packer Set At** ___

Production Method: Flowing ___ Pumping X Gas Lift ___ **Type Fluid Production** Oil + water **API Gravity of Liquid/Oil** 47

Casing Size 4 1/2" **Weight** 10.5# **I.D.** ___ **Set At** 4705 **Perforations** Open hole - 4705 **To** 4710

Tubing Size 2 3/8 **Weight** 4.7# **I.D.** ___ **Set At** 4705 **Perforations** Perforated M.A.-Perfs. 4695 **To**

Pretest:
Starting Date ___ Time ___ Ending Date ___ Time ___ **Duration Hrs.** ___

Test:
Starting Date 4-9-92 Time ___ Ending Date 4-10-92 Time ___ **Duration Hrs.** 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure **Separator Pressure** **Choke Size**

Casing: 50# Tubing: 130# Heater Treater = 30#

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	178835	1'	4"	26.68	5'	8"	113.36	15.0	86.68
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. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In.Water	In.Merc.	Psig or (Pd)			
Orifice Meter								
Critical Flow Prover			NO	gas	Sales.			
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press.(Psia)(Pm)	Extension √hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor(Fd)

Gas Prod. MCFD Flow Rate (R): ___ Oil Prod. Bbls./Day: 86.68 Gas/Oil Ratio (GOR) = ___ 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 10th day of April 19 92

___ For Offset Operator   ___ For State   ___ For Company

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION
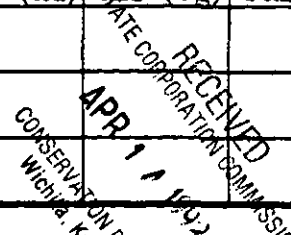
PRODUCTIVITY TEST
BARREL TEST

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