

15-033-20904-0000

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STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 5-4-95

Company: Hummon Corp. #5050 Lease: Uhl # 5-9 Well No.: 5-9

County: Comanche Location: 75' W. of E/2 SW NW Section: 9 - Township: 31 S - Range: 18 W Acres: _____

Field: Alford Reservoir: Altamont Pipeline Connection: NCR A

Completion Date: 3-31-95 Type Completion (Describe): Single (350 gals. Acid) Plug Back T.D.: 5161 Packer Set At: None

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil + Water API Gravity of Liquid/Oil: 37°

Casing Size: 5 1/2" Weight: 15 1/2 # I.D.: 4.950 Set At: 5174' Perforations: 4917 To: 4920

Tubing Size: 2 3/8" Weight: 4.7 # I.D.: 1.995 Set At: 5054.89 Perforations: N/A To: _____

Pretest: Starting Date: _____ Time: _____ Ending Date: _____ Time: _____ Duration Hrs.: _____

Test: Starting Date: 5-3-95 Time: 11:00 AM Ending Date: 5-4-95 Time: 11:00 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size			
Casing: 15 #	Tubing: 175 #		10 #				
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
	Size Number	Feet	Inches	Feet	Inches	Barrels	Water Oil
Pretest:							
Test:	210 19006	6'	0"	83.52	6'	6"	90.48 9 6.96
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							
Orifice Well Tester							

NO Gas Sales

GAS FLOW RATE CALCULATIONS (R)

Coeff. (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: _____ Oil Prod. Bbls./Day: 6.96 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 4 day of May 19 95

For Offset Operator: _____ For State: Stephen J. Pfeifer For Company: Roger E. Smith

RECEIVED CORPORATION COMMISSION
MAY 10 1995
5-10-95
WICHITA KANSAS

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