|5-033-20644-0000 STATE OF KANSAS - CORPORATION COMMISSION PRODUCTION TEST & GOR REPORT

Form C-5 Revised Conservation Division Reclassification TEST DATE: 8/14/84 Workover TYPE TEST: Initial XX Annual Lease Well No. Company Graham-Michaelis Corporation Robinson Location Section Township Range Acres County Commanche 150' NE of the C NE SE 31S 18W Reservoir Pipeline Connection Field Alford Mississippi Koch Type Completion(Describe) Plug Back T.D. Completion Date Packer Set At 5092 7/9/84 Set through and perforate Type Fluid Production API Gravity of Liquid/Oil Production Method: Oil and Water 36.7 at 840 Pumping XX Gas Lift Flowing Casing Size I.D. Set At Perforations To. 10.5 # 5159' 5056 to 5083 41/2 11 Set At Perforations Tubing Size Weight I.D. 2 3/8" 5090 Duration Hrs. Pretest: Time Time Ending Date . Starting Date Test: Duration Hrs. Ending Date Time Starting Date 8/14/84 Time 10:15 am 8/15/84 10:15 am 24 hrs OIL PRODUCTION OBSERVED DATA Producing Wellhead Pressure Separator Pressure Choke Size Casing: Tubing: Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls. Barrels Size Number Feet | Inches Feet Inches Barrels Water 011 21 200 11" Water 58.45 4! 90.18 Pretest: -31.73 811 300 8 1 10" No Number 177.02 91 Test: 193.72 16.70 Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range Pipe Taps: Differential: Flange Taps: Static Pressure: Run-Prover- Orifice Meter-Prover-Tester Pressure | Diff. Press. Gravity | Flowing Measuring Device Tester Size Size In.Water In.Merc. Psig or (Pd) (hw) or (hd) Gas (Gg) Temp. (t) Orifice Lease is producing just enough gas to run the lease's equipment. Meter Critical Flow Prover Gas was not gauged. Orifice Well Tester GAS FLOW RATE CALCULATIONS (R) Coeff. MCFD Meter-Prover Extension Gravity Flowing Temp. Deviation Chart (Fb)(Fp)(OWTC)|Press.(Psia)(Pm) Vhw x Pm Factor (Fg) Factor (Ft) Factor (Fpv) Factor(Fd) Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft. Flow Rate (R): Bbls./Day: (GOR) =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 15th day of August RECEIVED For Offset Operator CORPORATION COMMISSION For State For Company

AUG 2 4 34 8-24 8-24 -84 GONSERVATION DIVISION WIGHTA, Kansas