

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT 15-033-20604-0000

Form C-5 Rev.

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 2-21-02

Company: NOVY Oil+Gas Lease: Toothaker Well No.: 2

County: Comanche Location: C SE SW Section: 2 Township: 31 Range (R/W): 18 Acres: 480

API Well Number: 15-033-20604-0000 Reservoir(s): MISS. Gas Pipeline Connection: ONEOK

Completion Date: 10-31-83 Type of Completion (Describe): Single Plug Back T.D.: 5059 Packer Set At: _____

Lifting Method: None Pumping Gas Lift ESP Type Liquid: Oil+Water API Gravity of Liquid/Oil: 37.6°

Casing Size: 5 1/2 X 15.5 # Weight # ID. 4.950 Set At 5028 Perforations Openhole To 5028-5059

Tubing Size: 2 3/8 X 4.6 # Weight # ID. 1.995 Set At 5056 Perforations open ended To _____

Pretest: Starting Date _____ Time _____ AM/PM Ending Date _____ Time _____ AM/PM

Test: Starting Date 2-20-02 Time 9:15 AM/PM Ending Date 2-21-02 Time 9:15 AM/PM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure: Casing: 45 # Psig Tubing: 100 # Psig Separator Pressure: _____ Psig Choke Size: _____

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest										
Test	<u>200</u>	<u>12933</u>	<u>3'</u>	<u>7"</u>	<u>71.69</u>	<u>4'</u>	<u>0</u>	<u>80</u>	<u>1.5</u>	<u>8.31</u>
Test										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No) _____ Orifice Meter Range _____
 Pipe Taps: _____ Flange Taps: Differential: 50" Static Pressure: 250 #

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _v)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter	<u>3"</u>	<u>.3750</u>			<u>40 #</u>			<u>15"</u>	<u>NA</u>	<u>NA</u>
Critical Flow Prover										
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F _v) (F _p)	Meter-Prover Press. (P _{ma})(P _m)	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>.6848</u>	<u>54.4</u>	<u>28.57</u>	<u>60</u>	<u>1.0</u>	<u>—</u>	<u>—</u>

Gas Prod. MCFD Flow Rate (R): 19.56 Oil Prod. Bbls./Day: 8.31 Gas/Oil Ratio (GOR) = 2.35 Cubic Feet 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 21 day of Feb 2002

 For Offset Operator

 For Commission

 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 _____