

15-151-2791-0000

AUG 1 1987

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Lease Well No.  
 Timberline Oil & Gas Corporation Welch 1

County Location Section Township Range Acres  
 Pratt 150' W NENESE 70 26S 12W 80

Field Reservoir Pipeline Connection  
 Inka Carmi? Mississippi No Sales

Completion Date Type Completion (Describe) Plug Back T.D. Packer Set At  
 6/19/86 Perf, Acid, Frac 4230 -

Production Method: Type Fluid Production API Gravity of Liquid/Oil  
 Flowing Pumping Gas Lift 0.1, Water, Gas 39.2°

Casing Size Weight I.D. Set At Perforations To  
 5 1/2" 14# 5.0" 4329' 4121' 4141'

Tubing Size Weight I.D. Set At Perforations To  
 2 7/8" 6.5# 1.994 4166' -

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 7/27/87 Time 10:10am Ending Date 7/28/87 Time 10:10am Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200 2307	8'	10"	176.67	9'	5"	188.33	2	11.67
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 In. Water	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)	
Orifice Meter							
Critical Flow Prover	No Gas Sales						
Orifice Well Tester							

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 Flow Rate (R): Oil Prod. Bbls./Day: 11.67 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 3rd day of August 1987

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature] 1987