

Conservation Division  
 TYPE TEST: Initial Annual Workover **Reclassification X** TEST DATE: 5/21/87  
 Company: Anadarko Pet. Corp. Lease: Webb Well No. 1  
 County: Seward Location: C SW SW Section: 1 Township: 34S Range: 33W Acres: 80  
 Field: Evalyn Reservoir: St. Louis Pipeline Connection: J.M. Petro.  
 Completion Date: 1/16/87 Type Completion (Describe): Single Oil Plug Back T.D.: 6414 Packer Set At:  
 Production Method: Flowing Pumping X Gas Lift Type Fluid Production: Oil & Water API Gravity of Liquid/Oil: 38.7 @ 60°  
 Casing Size: 4.500 Weight: 10.5 I.D.: . Set At: 6364 Perforations: To: Open Hole  
 Tubing Size: 2.375 Weight: 4.7 I.D.: 1.995 Set At: 6326 Perforations: To:  
 Pretest: Starting Date 5/19/87 Time 9:00 Ending Date 5/20/87 Time 9:00 Duration Hrs. 24  
 Test: Starting Date 5/20/87 Time 9:00 Ending Date 5/21/87 Time Duration Hrs. 34

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure				Separator Pressure				Choke Size	
Casing:	Tubing:								
17	17			15#		60" SL		5.8 5 Pm	
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300 14096-1	9	1	182.03	9	9 1/2	186.21	1.71	4.18
Test:	300 14096-1	9	3 1/2	186.21	9	6 1/2	191.22		5.01
Test:	210		11	32.12	1	1	37.96	5.84	

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 In. Water	Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
$\sqrt{hw \times Pm}$						

Gas Prod. MCFD: TSTM Oil Prod. Bbls./Day: 5 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 21 day of May 19 87

For Offset Operator: \_\_\_\_\_ For State: Glenn A. Barlow For Company: \_\_\_\_\_  
 RECEIVED STATE CORPORATION COMMISSION MAY 27 1987