

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TEST: Initial Annual Workover Reclassification TEST DATE: 2-21-86
 Company: Mobil Oil Corp. Lease: Vernon Combs Well No.: 1
 County: Stevens Location: SE SE Section: 10 Township: 32 S Range: 35 Acres:
 Field: Wildcat Reservoir: Chester Pipeline Connection:
 Completion Date: 12-3-85 Type Completion(Describe): Single Plug Back T.D.: 6354 Packer Set At: 5966
 Production Method: Rumping Gas Lift Type Fluid Production: Gas-Saltwater-Oil API Gravity of Liquid/Oil: 44
 Casing Size: 5 1/2 Weight: 15.5 I.D.: 4.950 Set At: 6400 Perforations: 6074 To: 6099
 Tubing Size: 2 7/8 Weight: 6.5 I.D.: 2.441 Set At: 6117 Perforations: To

Pretest: Starting Date 2-19-86 Time 9:00 A.M. Ending Date 2-20-86 Time 10:30 A.M. Duration Hrs.: 25.5
 Test: Starting Date 2-20-86 Time 10:30 A.M. Ending Date 2-21-86 Time 10:30 A.M. Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing:	Tubing:									
		30"								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil	
Pretest:	300	15054	2	10.25	57	4	10.25	98	9	41
Test:	300	15054	4	10.75	98	6	9.25	136	18	38
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 In. Water	Tester Pressure In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover	2"	7/16				28"	.680	60°
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.714	42.4		1.213	1.000		

Gas Prod. MCFD: 88 Oil Prod. Bbls./Day: 38 Gas/Oil Ratio (GOR) = 2,315.79 per Bbl. • Cubic Ft.

I, 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 21st day of February, 19 86

For Offsat Operator: _____ For State: _____ For Company: Ray Robert

MAR 4 1986