

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TEST: Initial Annual Workover Reclassification TEST DATE: 1-22-86
 Lease Well No. #1
 Mobil Oil Corp. Grant Morrell
 County: Stevens Location: NW NW NW Section: 23 Township: 32S Range: 36 Acres: 10
 Field: Wildcat Reservoir: Morrow Pipeline Connection: Permian/Northern Natural
 Completion Date: 9-12-85 Type Completion(Describe): Single Plug Back T.D.: 6044 Packer Set At: 5877
 Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil & Saltwater & Gas API Gravity of Liquid/Oil: 41.4
 Casing Size: 5 1/2 Weight: 15.5 I.D.: Set At Perforations: To 6004
 Tubing Size: 2 1/8 Weight: I.D.: Set At Perforations: To

Pretest: Starting Date 1-22-86 Time 9:00 AM Ending Date 1-23-86 Time 9:00 AM Duration Hrs. 21
 Test: Starting Date Time Ending Date Time Duration Hrs.

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:	Tubing:	7.15	100			2" Full Open			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300 15020	10	5.5	209	11	5.25	229	0	20
Test:	300 15020	11	5.25	229	12	6.125	251	0	22
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				
Pipe Taps:	Flange Taps:	<input checked="" type="checkbox"/>	Differential:		Static Pressure:		
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester Pressure (In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3"	1.25	9"	67.2		.681	
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Fm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
7.771	81.6	2459	1.212			

Gas Prod. MCFD Flow Rate (R): 231 Oil Prod. Bbls./Day: 22 Gas/Oil Ratio (GOR) = 10500 Cubic Ft. per Bbl.

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 22nd day of January 1986

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

RECEIVED
 STATE CORPORATION COMMISSION
 MAR 27 1986