

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-15-93
 Company OXY USA Lease Hitch S Well No. 1
 County Seward Location 1650' ENL E 2310' FEL 28 Township 32 Range 34 Acres
 Field Holt Reservoir Chester Pipeline Connection PEPL
 Completion Date Type Completion (Describe) Single Well & Gas Plug Back T.D. 6266 Packer Set At
 Production Method: Flowing Pumping Gas Lift Type Fluid Production oil/water API Gravity of Liquid/Oil 41.8
 Casing Size 5 1/2 Weight 14 I.D. 5.012 Set At 4358 Perforations 6140 To 6180
 Tubing Size 2 3/8 Weight 4.7 I.D. 1.995 Set At 4155 Perforations To

Pretest: Starting Date 10-14-93 Time 11:30 AM Ending Date 10-15-93 Time 11:30 AM Duration Hrs. 24
 Test: Starting Date 10-14-93 Time 11:30 AM Ending Date 10-15-93 Time 11:30 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size					
Casing:	60	Tubing:	60						
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	300	26005	4	2	83.5	4	11	98.53	30 15.03
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 Meter Size	Prover-Tester In. Water	Prover-Tester In. Merc.	Pressure (Psi or MPa)	Diff. Press. (hw) or (hd)	Gravity Gas (G _g)	Flowing Temp. (°F)
Orifice Meter	3	3/4			52	1	1.690	
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (F _b)	Meter-Prover Press. (P _{1a})	Extension (F _m)	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _{dv})	Chart Factor (F _d)
2.74	66.4	8.15	1.20			
Gas Prod. MCFD	Oil Prod. Bbls./Day	Gas/Oil Ratio (GOR)	Cubic Ft. per Bbl.			
Flow Rate (R): 27	15.03	1796				

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 15 day of Oct 19 93

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

RECEIVED
 STATE CORPORATION COMMISSION

NOV 30 1993

CONSERVATION DIVISION
 Wichita, Kansas