

State of Kansas- Corporation Commission
PRODUCTION TEST AND GOR REPORT

Conservation Division

Form C-5

Type Test-	Initial	Annual	Workover	Re-Class	Test Date-
Company	Lease			Well No.	
OXY USA	Hitch			T-1	
County	Location		Section	Township	Range Acres
Seward	1640' FNL	2816' FWL	29	32	34
Field	Reservoir			Pipeline Connection	
Holt	Morrow			Duke	
Completion Date	Type Completion		P.B.T.D	Pkr @	RECEIVED
09/01/2003			6110'	NA	
Production Method	Type Fluid Production		API Gravity		OCT 01 2003
Pumping	Oil and water		43		
Csg Size	Weight	I.D.	Set @	Perforations	
4.5	10.5		6235	5790-5798	
Tbg Size	Weight	I.D.	Set @	Perforations	
2.375	4.7		5845		
Pre-Test					Duration Hrs.
Starting Date	Time	Ending Date	Time	D	
Test				Duration Hrs.	
Starting Date	09/09/2003	Time 10:00 AM	Ending Date 09/11/2003	Time 10:00 AM	48

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Seperator Pressure			Choke Size				
Csg-	33 PSIG	Tbg-	33 PSIG	30 PSIG.			Full open			
BBLs/lb	Tank		Starting Tank Gauge			Ending Tank Gauge			Net Production	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Oil	Water
Pre-Test	300	4503	4	11	98.53	5	1	101.87	3.34	2.5
Test	300	4503	5	1	101.87	5	5	106.88	5.01	1.67
Test	300	4503								

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connection				Orifice Meter Range				
Pipe Tap	Flange Tap x			Differential-	100	Static-	250	
Measuring Device	Run/Prover Tester Size	Orifice Size	Meter/Prover/Tester Pressure			Differential Pressure	Gas Gravity	Flowing Temp
Orifice Meter	3"	1.250"	In. Water	In. Merc.	Psig	1.2"	0.772	58
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS

Coefficient (Fb)(Fp)(owtc)	Meter/Prover PSIA (Psia)(Pm)	Extension (hwxPm)^.5	Gravity Factor(Fg)	Flowing Temp(Ft)	Deviation Factor (Fpv)	Chart Factor(Fd)
7.771	17.6	4.543	1.138	1.002	1.000	NA
Gas Production MCFD		Oil Production BBLs/D		Gas/Oil Ratio		
39.3		5.01		7784		
Cubic Feet/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 _____ day of _____

For Offset Operator

For State of Kansas

For Company