15-129-20819-0000

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Conservation Division — Form C-5 Revised

TYPE TEST: Initial xx Annual Workover Reclassification — TEST DATE: 10-29-86

Company	Lease	Well No.
Hawkins Oil & Gas, Inc.	SAUNDERS TRUST	1-21

County	Location	Section	Township	Range	Acres
Morton	C SW NW NW	21	32S	43W	80

Field	Reservoir	Pipeline Connection
Reyer	Morrow	Permian

Completion Date	Type Completion(Describe)	Plug Back T.D.	Packer Set At
9-14-86 (amended)	single-oil	5290'	n/a

Production Method: Flowing — Pumping x — Gas Lift
Type Fluid Production: oil
API Gravity of Liquid/Oil: 37.9° @ 60°F

Casing Size	Weight	I.D.	Set At	Perforations	To
4.500"	10.5#		5350'KB	4756'	4772'

Tubing Size	Weight	I.D.	Set At	Perforations	To
2.375"	4.7#		4748'		

Pretest: Starting Date 10-27-86 Time 11:00am Ending Date 10-28-86 Time 11:00am Duration Hrs. 24

Test: Starting Date 10-28-86 Time 11:00am Ending Date 10-29-86 Time 11:00am Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure — Separator Pressure — Choke Size
Casing: 26 Tubing: 26

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	53818	6	3	125	9	½	181	83	56
Test:	300	53818	9	½	181	11	8½	234	80	53
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-Tester Pressure In.Water	In.Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester	2"	1/8"			8		.640	60°F

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press.(Psia)(Pm)	Extension √hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor(Fd)
8.3			.9682	1.0	-	-

Gas Prod. MCFD Flow Rate (R): 8.0 — Oil Prod. Bbls./Day: 53 — Gas/Oil Ratio (GOR) = 157 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 29th day of October 19 86

For Offset Operator — For State — For Company

11-05-86

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