

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

✓ 15-129-20828-0000
 Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: March 6, 1987
 Company: Hawkins Oil & Gas, Inc. Lease: SCOTT "A" Well No.: 2
 County: Morton Location: E/2 SE NE Section: 20 Township: 32S Range: 43W Acres: 80
 Field: Reyer Reservoir: Morrow Pipeline Connection: Permian
 Completion Date: 12-19-86 Type Completion (Describe): single - oil Plug Back T.D.: 4866' Packer Set At: n/a
 Production Method: Flowing Pumping x Gas Lift Type Fluid Production: oil API Gravity of Liquid/Oil: 39° @ 60° F
 Casing Size: 4-1/2" Weight: 11.6# & 10.5# I.D.: . Set At: 4863' Perforations: 4755' To: 4769'
 Tubing Size: 2-3/8" Weight: 4.7# I.D.: . Set At: 4779' Perforations: To:

Pretest: Starting Date 3-4-87 Time 12:00pm Ending Date 3-5-87 Time 12:00pm Duration Hrs. 24
 Test: Starting Date 3-5-87 Time 12:00pm Ending Date 3-6-87 Time 12:00pm Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:		Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	53777	4'	7"	91.9	6'	5"	128.6	25	36.7
Test:	300	53777	6'	5"	128.6	7'	3"	145.3	11	16.7
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 In. Water	Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester	2"	1/4"			2	.782	60° F

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm) / hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
12.5			.8784	1.0	-	-

Gas Prod. MCFD: 11 Oil Prod. Bbls./Day: 16.7 Gas/Oil Ratio (GOR) = 659 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 4th day of March 19 87

For Offset Operator: _____ For State: _____ For Company: _____