

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-25-93

Company: Anadarko Petroleum Corp. Lease: USA. Well No.: K-2

County: Morton Location: 660 FSL + 660 FWL Section: 2 Township: 33 Range: 40 Acres: [blank]

Field: STIRRUP Reservoir: Marrow Pipeline Connection: Centana Energy

Completion Date: 12-2-92 Type Completion (Describe): Single oil Plug Back T.D.: 5529 Packer Set At: [blank]

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil API Gravity of Liquid/Oil: 40.5 @ 60°

Casing Size: 5.50 Weight: 15.5 I.D.: 4.950 Set At: 5529 Perforations: 5276 To: 5281

Tubing Size: 2.375 Weight: 4.70 I.D.: 1.995 Set At: 5268 Perforations: [blank] To: [blank]

Pretest: Starting Date: [blank] Time: [blank] Ending Date: [blank] Time: [blank] Duration Hrs.: [blank]

Test: Starting Date: 8-24-93 Time: 9:45 Ending Date: 8-25-93 Time: 9:45 Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure: [blank] Separator Pressure: [blank] Choke Size: 40/64

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	300		6	7	135.89	8	11	182.61		46.72
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections: [blank] Orifice Meter Range: [blank]

Pipe Taps: [blank] Flange Taps: Differential: 100 Static Pressure: 100

Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.			
Orifice Meter	3	1.50			67.8	18	.700 60
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpw)	Factor (Fd)
11.41	82.2	38.466	1.195	1.000	1.000	-

Gas Prod. MCFD: [blank] Oil Prod. Bbls./Day: 47 Gas/Oil Ratio (GOR) = 111.59 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 25 day of Aug. 1993

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

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. T R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET