

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-189-20685-0000 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: Stevens Oil & Gas Corp Lease: GAMMON Well No.: A-4

County: STEVENS Location: C-SE-NW Section: 36 Township: 34 Range: 35 Acres: 40

Field: KINNEY Reservoir: Chester Pipeline Connection: PEPH

Completion Date: 12-15-83 Type Completion (Describe): None Plug Back T.D.: 6588 Packer Set At: None

Production Method: Pumping Type Fluid Production: None API Gravity of Liquid/Oil: None

Flowing Gas Lift: 5 1/2 Weight: 14# I.D.: 6631 Set At: 6522 Perforations: 6533 To: 6533

tubing Size: 2 3/8 Weight: 6509 I.D.: 6509 Set At: 6509 Perforations: 6509 To: 6509

Retest: Starting Date Time Ending Date Time Duration Hrs.

Retest: Starting Date 1-12-84 Time 1:45 PM Ending Date 1-13-84 Time 1:45 PM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Flowing:	<u>13</u>		Tubing:	<u>0</u>		<u>None</u>				
Gals./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Retest:										
Start:										
End:	<u>300</u>	<u>5804</u>	<u>7</u>	<u>10 1/2</u>	<u>157.81</u>	<u>8</u>	<u>1/4</u>	<u>160.73</u>	<u>8</u>	<u>3</u>

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range				
Line Taps:		Flange Taps:		Differential:		Static Pressure:		
Measuring Orifice	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester In. Water	Pressure In. Merc.	Tester Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Full Tester	<u>2"</u>	<u>1.25</u>			<u>0</u>			

GAS FLOW RATE CALCULATIONS (R)

Eff. MCFD (Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
<u>0</u>						

Gas Prod. MCFD: 0 Oil Prod. Bbls./Day: 3 Gas/Oil Ratio (GOR) = 0 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 the report is true and correct. Executed this the 13th day of JAN 1983

STATE CORPORATION COMMISSION

For Offset Operator: 1/18/84 For State: [Signature] For Company: [Signature]

1/18/84
 01-18-84
 CORPORATION COMMISSION

4266 65 26171