

Att: Egan

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-055-21182-0000 Form C-1 Rev.

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8/31/02
 Company: Berresco Lease: Ruby Jean Well No.: 2
 County: Finney Location: L Section: 24 Township: 22S Range (E/W): 34 W Acres: 40
 API Well Number: 15-Terry Reservoir(s): Lansing Gas Pipeline Connection: EOT
 Completion Date: 6-3-93 Type of Completion (Describe): Single Plug Back T.D.: 4754 Packer Set At: N/A
 Lifting Method: Pumping Gas Lift: None ESP: None Type Liquid: Oil API Gravity of Liquid/Oil: 40
 Casing Size: 5.5 Weight: 18.5 ID: 4.850 Set At: 4089 Perforations: 3878 To: 4010
 Tubing Size: 2 3/8 Weight: 26.5 ID: 2.441 Set At: None Perforations: None To: None
 Present Starting Date: 8/30/02 Time: 2:00 AM/PM: AM Ending Date: 8/30/02 Time: 2:00 AM/PM: AM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing	Pig	Tubing	Pig	Pig						
Bbls./In.	Stock Tank		Starting Gauge		Ending Gauge		Not API Bbls.			
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Protect:										
Test:	200	194647	2	3	45.09	13	2	63.46	6.67	18.37
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No)		Orifice Meter Range					Static Pressure:			
Pipe Taps:	Flange Taps:	Differential:								
Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (l _w)	Gas Gravity (G _p)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter										
Critical Flow Prover										
MHRLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F ₁) (F ₂)	Meter-Prover Press. (P ₁) (P ₂)	Press. Extension $\sqrt{h_w \cdot P_1}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _v)	Sqr. Rt. Chart Factor (F _c)

Gas Prod. MCFD Flow Rate (R): _____ Oil Prod. Bbls./Day: 18.37 Gas/Oil Ratio (GOR) = _____ Cubic Feet 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 31 day of 8 2002

For Offset Operator: _____ For Commission: _____ For Company: _____ (Rev. 10/96)

RECEIVED
 JAN 06 2003
 KCC WICHITA
 1-6-03