STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT 15-095-21299-00-00 Conservation Division Form C-5 Revised TYPE TEST: Annual X TEST DATE: Initial Workover Reclassification Company Pickrell Drilling Company Well No. Lease Kopf 'D' County Kingman Location Section Township Range C SW SW 13 Field Basil Reservoir Pipeline Connection Miss KGS Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At 11-14-82 Single API Gravity of Liquid/Oil Production Method: Type Fluid Production Flowing I Casing Size Pumping X Gas Lift e Weight water gas Set At To Perforations 10.5# 41481 4129 4135 Weight Tubing Size 2 3/8" OD Perforations I.D. Set At 41331 Duration Hrs. Pretest: Starting Date Time 9:30 a.m. 7-28-86 Time 9:30 a.m. Ending Date 7-29-86 24 hrs Duration Hrs. Test: 7-29-86 Time 9:30 a.m. Starting Date Time 9:30 a.m. Ending Date 7-30-86 24 hrs · OIL PRODUCTION OBSERVED DATA Choke Size Producing Wellhead Pressure Separator Pressure Tubing: Casing: Bbls./In. Net Prod. Bbls. Tank Starting Gauge Ending Gauge Size Number Water 011 Feet Inches Barrels Feet Inches Barrels 200 126501 32.96 18<u>.34</u> Pretest: 50.10 44.00 126501 50.10 4~1/2 67.64 44.00 17.54 200 Test: Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Range Orifice Meter Connections Static Pressure: 1000 Differential: 50 Pipe Taps: Flange Taps: Run Bar - Orifice Meter - Company March | Diff. Press. Gravity | Flowing | Charlet | Gravity | Flowing | Gas (Gg) | Temp. (1988) Measuring In.Water In.Merc. Psig (hw) (hw) Gas (Gg) Temp. (t) Device Orifice 60⁰ 3 .5 Meter 110 2.5 722 Critical Flow Prover Orifice Well Tester GAS FLOW RATE CALCULATIONS (R) Flowing Temp. Deviation Chart Gravity Meter-Park Extension Coeff. MCFD Factor (Fg) Factor (Ft) (Fb) Press. (Psia) Vhw x Pm Factor(Fd) Factor (Fpv) 1.214 124.4 17.635 1.000 1.177 1.000 1.000 Gas/Oil Ra/ho Cubic Ft. Oil Prod. Gas Prod. MCFD 25 18 1389 Bbls./Day: per Bbl. Flow Rate (R): (GOR) 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 Ad/ yab/ 1986 said report is true and correct. Executed this the -August 🖊 For State For Company For Offset Operator

15-095-21410-00-00 Fo PRODUCTION TEST & GOR REPORT onservation Division Form C-5 Revis TPE TEST: Initial Annual X Workover Reclassification TEST DATE: Well No. Company Leaso Pickrell Drilling Company Kopf 'D' Location Section Township Acres County Range Kingman 200' SW of C NW SW 13 305 7W Reservoir Pipeline Connection Field Basil Miss Completion Date Type Completion(Describe) Plug Back T.D. Packer Set F 12-21-83 Single 4176 Production Method: API Gravity of Liquid/09 Type Fluid Production Pumping X Gas Lift e Weight Oil, water Flowing Flowing Size 4½" OD Set At To Perforations 10.5 # 4197 4124 Weight Tubing Size Set At 4145 I.D. Perforations Open ended Pretest: Duration Hr Time9:00 a.m. Ending Date 7-27-86 7-26-86 9:00 a.m. Time Starting Date 24 Duration Hr Test: 7=27-86 Time 9:00 a.m. 9:00 aum. Starting Date Ending Date Time OIL PRODUCTION OBSERVED DATA Producing Wellhead Pressure Separator Pressure Choke Size Casing: Tubing: Tank Net Prod. Bbls. Bbls./In. Starting Gauge Ending Gauge Size Number Feet Inches Barrels Feet Inches Barrels Water 011 126501 3 26.28 1. 1 5 29.62 9.00 3.34 250 Pretest: · 5 7 126501 1 29.62 1 32.96 9.00 3.34 250 Test: Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range 50 Pipe Taps: Static Pressure: Flange Taps: Differential: __1000 Diff. Press. Gravity Flowing Run-Pressure Measuring In.Water In.Merc. Psig (hw) (hw) Gas (Gg) Temp. (t Device Size Size Orifice 60⁰ . Ŝ .722 110 Meter Critical Flow Prover Orifice Well Tester GAS FLOW RATE CALCULATIONS (R) Flowing Temp. Deviation Coeff. MCFD Meter-Range Extension Gravity Chart Factor (Fg) Factor (Ft) Factor (Fpv) Factor(F (Fb) Press. (Psia) () Vhw x Pm 1.000 1.000 1.000 1.214 124.4 11.15 1.177 Oil Prod. Cubic F Gas Prod. MCFD Gas/Oil Rat/10 16 5333 (GOR) +per Bbl Bbls./Day: Flow Rate (R): 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 day of August 🛦 said report is true and correct. Executed this the 12 For Company For Offset Operator For State किंग्न अक्षेत्र अन्त