

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 6-18-95

Company Hummon Corp. Lease Norma "K" Well No. 1

County Kiowa Location C NESE Section 33 Township 29 Range 19 Acres

Field AL Ford West P. Reservoir Marmaton Pipeline Connection NCRV

Completion Date 4-8-95 Type Completion (Describe) Single Oil Plug Back T.D. 5054 Packer Set At

Production Method: (Pumping) Type Fluid Production OIL API Gravity of Liquid/Oil 39°

Flowing Casing Size 5 1/2 Weight 14 I.D. Set At 5232 Perforations 4952 To 58

Tubing Size 2 3/8 Weight 4.7 I.D. Set At 5008 Perforations 1 To

Pretest: Starting Date _____ Time _____ Ending Date _____ Time _____ Duration Hrs. _____

Test: Starting Date 6-18-95 Time 10:00 Ending Date 6-19-95 Time 10:00 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.		
<u>1167</u>	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>200</u>	<u>5192</u>	<u>1</u>	<u>4</u>	<u>2672</u>	<u>2</u>	<u>7</u>	<u>5177</u>	<u>0</u>	<u>25.05</u>
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 Pressure		Diff. Press.	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

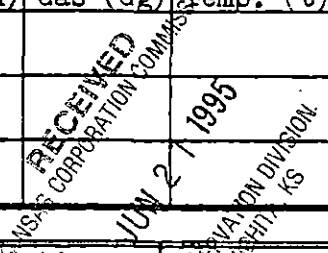
GAS FLOW RATE CALCULATIONS (R)

Coëff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 25.05 Gas/Oil Ratio (GOR) = _____ Cubic Et. 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 19th day of June 1995

For Offset Operator _____ For State _____ For Company _____



STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

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