

15-119-21003-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 12-14-99
 Company Lease Well No.

Raydon Exploration, Inc. Wynona 1

County Meade Location C W/2 Section 07 Township 35S Range 29W Acres

Field Adams Ranch Reservoir St. Louis Pipeline Connection Duke

Completion Date 10-11-99 Type Completion (Describe) Single - pumping Plug Back T.D. 6382 Packer Set At -

Production Method: Pumping Gas Lift Type Fluid Production oil-water API Gravity of Liquid/Oil 35.2

Flowing Casing Size 5-1/2" Weight 15.5# I.D. 4.950 Set At 6440 Perforations 6321 To 6327

Tubing Size 2-7/8" Weight 6.5# I.D. 2.441 Set At 6349 Perforations To

Pretest: Starting Date 12-12-99 Time 1:30 PM Ending Date 12-13-99 Time 10:30 AM Duration Hrs. 21

Test: Starting Date 12-13-99 Time 10:30 AM Ending Date 12-14-99 Time 10:30 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size
 Casing: 262# Tubing: 150# 88# N/A

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	111289	11	2	223.78	12	5	248.83	13.36	25.02
Test:	300	111290	4	9	95.19	6	3	125.25	16.70	30.06
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Flange Taps:		Differential: 200"		Static Pressure: 500#			
Measuring Device	Run- Size	Orifice Size	Meter- Pressure	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	2.067	1"		34#	72"	.6608	51°
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 (Fpv)	Chart Factor (Fd)
5.073	48.4	59.03	1.230	1.009	1.055	1

Gas Prod. MCFD Oil Prod. Bbls./Day: 392 30.06 Gas/Oil Ratio (GOR) = 13,041 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 15th day of December 1999

For Offset Operator

For State

[Signature]
 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 _____