

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover (Reclassification) TEST DATE: 9-7-96

Company AMOCO Production Lease Amber Mitchell Well No. 1-34

County Stanton Location J5E14 Section 34 Township 29S Range 40 Acres 80

Field Little Arrow Reservoir ST. Louis Pipeline Connection Little Arrow

Completion Date 4-9-96 Type Completion (Describe) Single Plug Back T.D. 5711 Packer Set At None

Production Method: Flowing Pumping Gas Lift Type Fluid Production API Gravity of Liquid/Oil 49.4

Casing Size 4.5 Weight 10.5 I.D. 4.052 Set At 5754 Perforations 5596 To 5600

Tubing Size 2.375 Weight 4.5 I.D. 1.995 Set At 5590 Perforations None To

Pretest: Starting Date 09-07-96 Time 11:30 Ending Date 09-08-96 Time 11:30 Duration Hrs. 24

Test: Starting Date 09-08-96 Time 11:30 Ending Date 09-09-96 Time 11:30 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
Sbbls./In.	Tank	Starting Gauge			Ending Gauge		Net Prod. Bbls.		
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300 02670	1	5	28.42	3	1	61.84	0	33.42
Test:	300 02670	3	1	61.84	4	7	91.93	0	30.09
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 In. Water	Pressure Paig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (°)
Orifice Meter	3.068	2.000	2"		91.8	0730	81.7
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Flow Rate (R): 346 Oil Prod. Bbls./Day: 30 Gas/Oil Ratio (GOR) = 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 9 day of Sept 1996

[Signature]

For Company
 RECEIVED
 KANSAS CORP COM
 9-23-96

For Offset Operator

For State