

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-095-21299-0000

Form C-5 Revised

Observation Division

TYPE TEST: Initial Annual <sup>X</sup> Workover Reclassification TEST DATE:

Company: Pickrell Drilling Company Lease: Kopf 'D' Well No.: 1

County: Kingman Location: C SW SW Section: 13 Township: 30S Range: 7W Acres: ---

Field: Basil Reservoir: Miss Pipeline Connection: KGS

Completion Date: 11-14-82 Type Completion(Describe): Single Plug Back T.D.: 4138.5 Packer Set At: ---

Production Method: Pumping <sup>X</sup> Gas Lift Type Fluid Production: Oil water gas API Gravity of Liquid/Oil: 40

casing Size: 4 1/2" OD Weight: 10.5# I.D. Set At: 4148' Perforations: To 4129 4135

tubing Size: 2 3/8" OD Weight: 4.7# I.D. Set At: 4133' Perforations: To ---

Retest: Starting Date: 8-5-91 Time: 8:00 Ending Date: 8-6-91 Time: 8:00 Duration Hrs.: 24 hrs

Test: Starting Date: 8-6-91 Time: 8:00 Ending Date: 8-7-91 Time: 8:00 Duration Hrs.: 24 hrs

OIL PRODUCTION OBSERVED DATA

Reducing Wellhead Pressure: Tubing: Separator Pressure: Choke Size:

bls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
retest:	200	126500	4	5	88.51	4	10	96.84	50.00	8.33
test:	200	126500	4	10	96.84	5	5	108.53	50.00	11.69
est:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections: Orifice Meter Range:

Side Taps: <sup>X</sup> Flange Taps: Differential: 50 Static Pressure: 1000

Measuring Device	Run- <del>XXXX</del> Orifice Size	Meter- <del>XXXX</del> In. Water	In. Merc.	Psig	Diff. Press. (hw)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	0.375			86	6	0.758 60°
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

coeff. MCFD (fb)	Meter- <del>XXXX</del> Press. (Psia)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
0.6848	100.65	24.574	1.149	1.000	1.000	1.000

Gas Prod. MCFD: 19 Oil Prod. Bbls./Day: 12 Gas/Oil Ratio (GOR) = 1583 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 7th day of August 19 91

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]

NOTE -- Meter is 50" x 50# but readings have been compensated, therefore, chart factor is 1.000.