

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-119-21001-00-00

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 12-14-99

Company Raydon Exploration, Inc. Lease XIT Well No. 1

County Meade Location NW/NW Section 14 Township 35 Range 30W Acres

Field Reservoir Lower Chester Pipeline Connection Duke

Completion Date 10-11-99 Type Completion(Describe) Single - pumping Plug Back T.D. 6312 Packer Set At -

Production Method: Pumping Gas Lift Type Fluid Production oil API Gravity of Liquid/Oil 36.6

Flowing Casing Size	Weight	I.D.	Set At	Perforations	To
4-1/2"	10.5#	4.052	6358	6062	6066
Tubing Size	Weight	I.D.	Set At	Perforations	To
2-3/8"	4.7#	1.995	6099		

Pretest: Starting Date 12-12-99 Time 2:00 P.M. Ending Date 12-13-99 Time 11:00 A.M. Duration Hrs. 24 21

Test: Starting Date 12-13-99 Time 11:00 A.M. Ending Date 12-14-99 Time 11:00 A.M. Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	110#	Tubing:	155#	78#		N/A				
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	111295	9	7	192.05	11	7	232.13	0	40.08
Test:	300	111295	11	7	232.13	13	8	273.88	0	41.75
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	3.068	.625	36#	8"	.7363	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)
1.897	50.4	20.7	1.166	1.009	1.069	1

Gas Prod. MCFD Flow Rate (R): 49.38 Oil Prod. Bbls./Day: 41.75 Gas/Oil Ratio (GOR) = 1.183 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, 19 99

For Offset Operator

For State

For Company

Form C-5 (5/88)

12-16-99