

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 8-29-95

Company ANADARKO PETROLEUM Lease HANKE Well No. B-3

County STEVENS Location 660 ENL + 1980 FEL Section 14 Township 31 Range 35 Acres

Field CHESTER Reservoir Pipeline Connection

Completion Date 3-20-95 Type Completion(Describe) OIL Plug Back T.D. 5780 Packer Set At 5664

Production Method: Type Fluid Production OIL API Gravity of Liquid/Oil 47.1

Flowing Casing Size	Weight	I.D.	Set At	Perforations	To
5.5	15.5	4.950	5850	5642	5664
Tubing Size	Weight	I.D.	Set At	Perforations	To
2.375	4.70	1.995	5592	N.A.	N.A.

Pretest: Starting Date 8-27-95 Time 9:10 AM Ending Date 8-28-95 Time 9:10 AM Duration Hrs. 24

Test: Starting Date 8-28-95 Time 9:10 AM Ending Date 8-29-95 Time 9:10 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing: 21	Tubing: 21		19			N.A.				
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	400	23027	2	0	40.08	6	9	135.27	4	95.19
Test:	400	23027	6	9	135.27	11	7	232.13	3	96.86
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 In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) STAT(hd) PSIG or (Pd)	Gravity (Gg) Gas	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover	2				21	0.71995	9-7-95
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)
0.7733	35.4					

Gas Prod. MCFD Flow Rate (R): 27 Oil Prod. Bbls./Day: 96.86 Gas/Oil Ratio (GOR) = 0.2487 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 29th day of August 19 95

For Offset Operator

For State

For Company

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AP

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 OXY USA INC.

3. Address and Telephone No.
 P. O. BOX 26100, Oklahoma City, OK 73126-0100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 4130' FSL & 3380' FEL
 Section 31 31S-38W

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
 KSNM 74997
 ISEC912

8. Well Name and No.
 MLP CAVNER A #1

9. API Well No.
 15-189-21934

10. Field and Pool, or Exploratory Area
 Unassigned-St. Louis

11. County or Parish, State
 Morton, Kansas

RECEIVED
STATE CORPORATION COMMISSION
SEP 11 1995
CONSERVATION COMMISSION
WICHITA KANSAS

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>First Prod/Sales</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Verbal notification was given to Chuck Barlow that well first prod/sales was on 8-3-95. Currently a producing oil well, the MLP Cavner is being tested in another zone for possible reclassification to gas well.

ACCEPTED FOR RECORD PURPOSES ONLY

14. I hereby certify that the foregoing is true and correct

Signed Kathy Kennedy Title Accountant Date 8-31-95

(This space for Federal or State office use)

Approved by (ORIG. SGD.) VIRGIL L. PAULI Date SEP 07 1995
 Conditions of approval, if any: SUPERVISORY PETROLEUM ENGINEER
FLUID OPERATIONS TEAM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.