

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover (Reclassification) TEST DATE: 1-22-85
 Company: Leben Oil Lease: SWAMPFORD Well No.: 142
 County: Pratt Location: S 1/2 SE Section: 5 Township: 28 Range: 15 Acres: 160
 Field: _____ Reservoir: _____ Pipeline Connection: _____

Completion Date: _____ Type Completion(Describe): _____ Plug Back T.D.: _____ Packer Set At: _____

Production Method: _____ Type Fluid Production: _____ API Gravity of Liquid/Oil: _____

Flowing Pumping Gas Lift
 Casing Size Weight I.D. Set At Perforations To

Tubing Size Weight I.D. Set At Perforations To

Pretest: _____ Duration Hrs. _____

Starting Date 1-21 Time _____ Ending Date _____ Time _____

Test: _____ Duration Hrs. _____

Starting Date 1-21 Time 10:00 Ending Date 1-22 Time 10:00 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing:	Tubing:									
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:								9	37	
Test:										
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 Pressure			Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In.Water	In.Merc.	Psig or (Pd)			
Orifice Meter		1/2"	x			2		60"
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
		√hw x Pm				

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 9 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 _____ day of _____ 19____

Steve Mumford RECEIVED CORPORATION COMMISSION

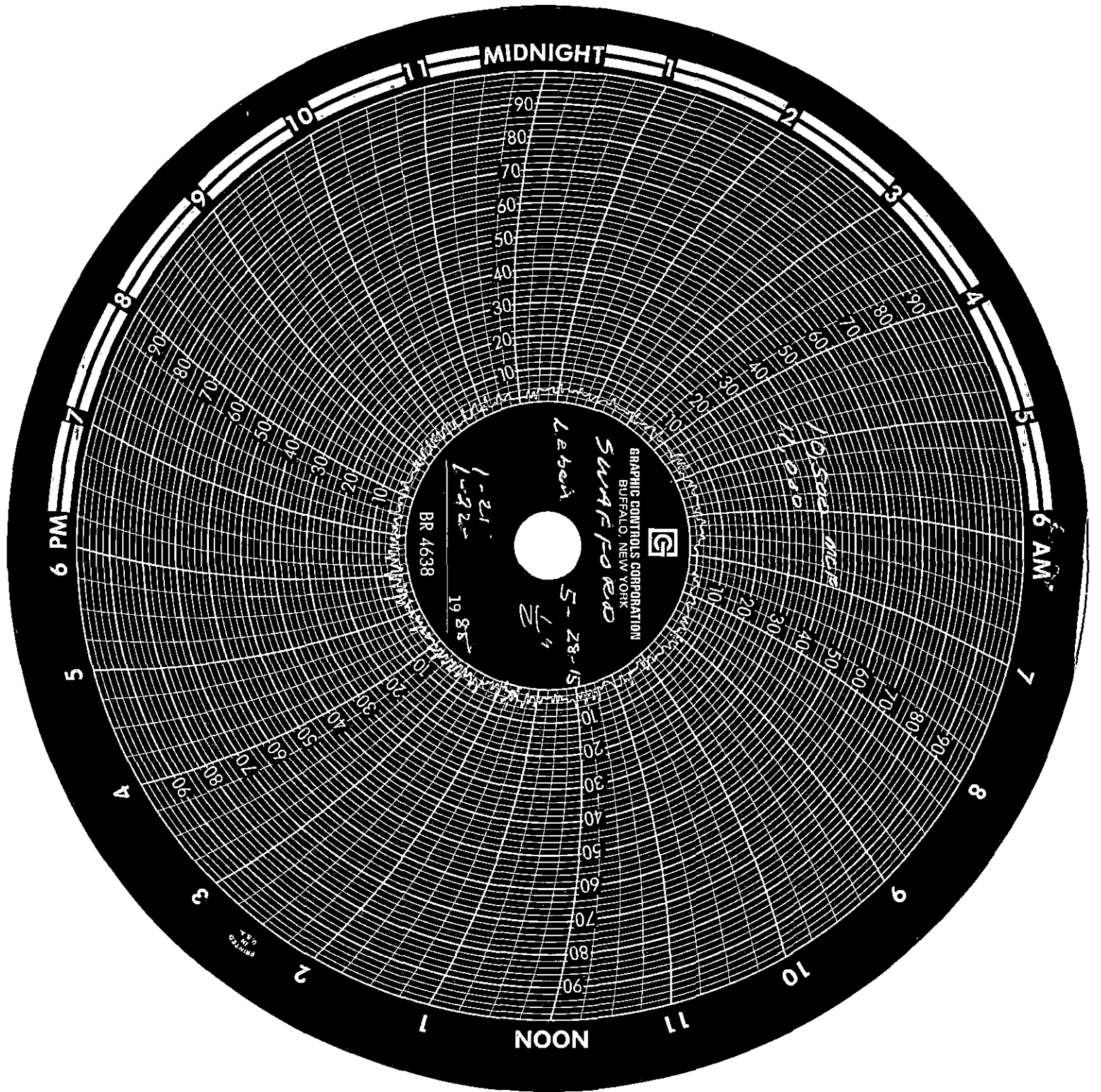
For Offset Operator

For State

For Company

JAN 30 1985

1-30-85



MIDNIGHT

6 PM

6 AM

NOON

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