

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-093-21204-0000
 Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 7-7-8, 1992

Company: Helmerich & Payne Lease: FLINT HILLS Well No. 1

County: Kearny Location: SW-SENE Section: 14 Township: 26 Range: 35 Acres: 1

Field: Wildcat Reservoir: LANSING Pipeline Connection: COASTAL Take Oil

Completion Date: 5-28-92 Type Completion (Describe): Single Oil Plug Back T.D.: 5025 Packer Set At: No 2

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil & Water API Gravity of Liquid/Oil: 35

Casing Size: 5 1/2 Weight: 14 I.D.: Set At: 5200 Perforations: 4129 To: 4134

Tubing Size: 2 3/8 Weight: 4.7 I.D.: Set At: 4332 Perforations: slotted To: Mud-Anchor

Pretest: Starting Date 7-6-92 Time 11:00AM Ending Date 7-7-92 Time 11:00AM Duration Hrs. 24

Test: Starting Date 7-7-92 Time 11:10 Ending Date 7-8-92 Time 11:10 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size
 Casing: 0 Tubing: 20 18"

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	9667	12	4	247.16	13	8	273.88	12	26.72
Test:										
Test:	300	9665	3	3	65.13	4	7	93.47	12	26.72

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 In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover			All gas used on location				
Orifice Well Tester	STA						

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 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 8 day of July 1992

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

RECEIVED
 CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KANSAS

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. _____ T _____ R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS
 SHUT IN _____ HOURS
 DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS
 GAUGES: WATER _____ INCHES _____ PERCENTAGE
 OIL _____ INCHES _____ PERCENTAGE
 GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____
 WATER PRODUCTION RATE (BARRELS PER DAY) _____
 OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY
 STROKES PER MINUTE _____
 LENGTH OF STROKE _____ INCHES
 REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.
 COMMENTS _____

WITNESSES:

FOR STATE _____ FOR OPERATOR _____ FOR OFFSET _____