

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

15-081-20495-0001

Form C-5 Rev.

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-6-99

Company: BEREXCO INC. Lease: POWELL Well No.: 4-22

County: HASKELL Location: C W 1/2 SE SW Section: 22 Township: 29 Range (E/W): 33 Acres: 80

API Well Number: 15-Lemon North Reservoir(s): LANSING "I" Gas Pipeline Connection: NONE

Completion Date: 9-7-88 Type of Completion (Describe): Single: oil Plug Back T.D.: 4494' Packer Set At: -

Lifting Method: Pumping Gas Lift ESP Type Liquid: OIL/WATER API Gravity of Liquid/Oil: 39.1

Casing Size: 5 1/2" Weight: 15.5# ID: 4.95 Set At: 5700 Perforations: 4485 To: 4462'

Tubing Size: 2 7/8" Weight: 10.5# ID: 2.441 Set At: 4490' Perforations: 4425 To: 4492'

Pretest: Starting Date: 10-4-99 Time: 10:30 AM/PM Ending Date: 10-5-99 Time: 10:30 AM/PM

Test: Starting Date: 10-5-99 Time: 10:30 AM/PM Ending Date: 10-6-99 Time: 10:30 AM/PM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing:	Psig	Tubing:	Psig	Psig	Psig					
Bbls./In.	Stock Tank		Starting Gauge		Ending Gauge		Net API Bbls.			
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	210	4997	8	6	118.32	10	4	143.84	311.67	25.52
Test:	210	4997	10	4	143.84	12	2	169.36	311.67	25.52
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No)		Orifice Meter Range					Static Pressure:			
Pipe Taps:	Flange Taps:	Differential:								
Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _d)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter										
Critical Flow Prover			All	Gas	used	on	locat. on			
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F _b) (F _p)	Meter-Prover Press. (Psia)(P _m)	Press. Extension $\sqrt{h_w \cdot P_m}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _{pr})	Sqr. Rt. Chart Factor (F _d)

Gas Prod. MCFD Flow Rate (R): _____ Oil Prod. Bbls./Day: _____ Gas/Oil Ratio (GOR) = _____ Cubic Feet 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 6 NOVEMBER day of OCTOBER 1999.

STATE CORPORATION COMMISSION

NOV 15 1999

For Offset Operator: _____ For Commission: _____ For Company: _____

CONSERVATION DIVISION
Wichita, Kansas

(Rev. 10/96)