

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 9/11/85
 Company Maxedan Trust Lease Well No. 1
 County Pratt Location SW SW SE Section 4 Township 29S Range 15W Acres
 Field Springvale NW 1/4 Reservoir Matton Matton Inland Pipeline Connection
 Completion Date set through + pressure Type Completion (Describe) 4850 Plug Back T.D. Packer Set At
 Production Method: Pumping Type Fluid Production API Gravity of Liquid/Oil
 Flowing Pumping Gas Lift
 Casing Size 5 1/2" Weight I.D. Set At Perforations To 4474-80 4672-90
 Tubing Size Weight I.D. Set At Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.
 Test: Starting Date 9/11/85 Time 9:30 Ending Date 9/12/85 Time 9:30 Duration Hrs. 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	Feet	Inches	Water	Oil
Pretest:	<u>water</u>	<u>7'</u>		<u>3'</u>	<u>6"</u>	<u>14</u>	<u>14</u>
Test:	<u>216</u>	<u>4214</u>	<u>5' 8 1/2</u>	<u>114</u>	<u>6'</u>	<u>120</u>	<u>8</u>
Test:	<u>300</u>		<u>8 bbl -</u>	<u>2.5 bbl for #2</u>	<u>= 5.5</u>		

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 In.Water	Meter-Prover-Tester Pressure In.Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover	<u>All gas being used to run lease equipment</u>						
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coëff. (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)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 4.5 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 12 day of September 19 85
Richard M. Lucy Howard
 For Offset Operator For State For Company

SEP 16 1985
 9-16-85
 STATE OF KANSAS
 WELLHEAD