

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 Raymond Lease Kluka Trust Well No. 2
 County Pratt Location NE NE NE Section 8 Township 29S Range 15W Acres
 Field Springvale NW Reservoir W. v. d. g. Pipeline Connection Clear Creek
 Completion Date _____ Type Completion (Describe) T set through + perforate Plug Back T.D. 4777 Packer Set At _____
 Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil _____
 Flowing Pumping Gas Lift _____
 Casing Size 4 1/2" Weight _____ I.D. _____ Set At 4822 Perforations 4731 To 4733
 Tubing Size 2 Weight _____ I.D. _____ Set At 4788 Perforations _____ To _____

Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____
 Test: _____ Duration Hrs. _____
 Starting Date 9/11/85 Time 9 30am Ending Date 9/11/85 Time 9 30am 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	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:		<u>Water</u>	<u>4</u>	<u>8</u>					<u>10</u>	
Test:		<u>1577</u>	<u>5</u>							<u>49.8%</u>
Test:		<u>1578</u>	<u>1</u>	<u>3</u>						<u>50.00</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			Diff. Press.	Gravity	Flowing
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	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)

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)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 50 Gas/Oil Ratio (GOR) = _____ Cubic Ft. per Bbl. _____
 Flow Rate (R): _____

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 1985

For Offset Operator _____ For State Richard W. Loyd For Company _____