

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-095-01795-0001 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-12-94

Company Midak Energy Lease GARRISON Well No. 1

County Kingman Location NW 1/4 - SE - NW Section 30 Township 19-S Range 7-W Acres 1

Field Saizy Reservoir MAC Pipeline Connection None

Completion Date 7/11/94 Type Completion (Describe) None Plug Back T.D. None Packer Set At None

Production Method: Flowing Type Fluid Production Oil API Gravity of Liquid/Oil 41.9

Flowing	Pumping	Gas Lift	Casing Size	Weight	I.D.	Set At	Perforations	To
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4 1/2</u>	<u>9.5</u>	<u>I.D.</u>	<u>Set At</u>	<u>4199</u>	<u>To</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4 1/2</u>	<u>9.5</u>	<u>I.D.</u>	<u>Set At</u>	<u>4199</u>	<u>To</u>

Pretest:	Starting Date	Time	Ending Date	Time	Duration Hrs.
Test:	Starting Date	Time	Ending Date	Time	Duration Hrs.

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:										
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 In. Water	Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	<u>1</u>	<u>1/20</u>					
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (P _{ma}) (P _m)	Extension $\sqrt{hw \times P_m}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD 20 Oil Prod. Bbls./Day: — Gas/Oil Ratio (GOR) = 20 Cubic Ft per Ebl.

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 13 day of 10 1994

For Offset Operator [Signature] For State [Signature] For Company [Signature]

10-13-94