

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

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

Conservation Division

TYPE TEST: Initial Annual  Workover Reclassification TEST DATE: 2-2-93  
 Lease Well No.

Company Midvale Energy Location Gardner  
 County Kingman Section 20 Township 29S Range 7W Acres

Field Kingman Reservoir NW 1/4 SE NW Pipeline Connection  
1CC Misc

Completion Date 2/2/93 Type Completion (Describe) Misc Plug Back T.D. Packer Set At

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

Flowing  Pumping  Gas Lift   
 Casing Size 4 1/2 Weight 9.5 I.D. Set At 4199 Perforations 4199 To  
 Tubing Size 2 3/8 Weight I.D. Set At Perforations To

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

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	Tubing:		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
Bbls./In.	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										0
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				Static Pressure:		
Pipe Taps:	Flange Taps:		Differential:		Static Pressure:				
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)	
Orifice Meter	2	.500							
Critical Flow Prover									
Orifice Well Tester									

RECEIVED  
 KANSAS CORPORATION COMMISSION  
 OCT 13 1993

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Chart Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): 50 Oil Prod. Bbls./Day: 0 Gas/Oil Ratio (GOR) = 20-1 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 11 day of 10 1993

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

10-11-93