STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT 15-095-30118-00-00 Form C-5 Revised Conservation Division Reclassification TEST DATE: Workover TYPE TEST: Initial Annual X 8-15-87 Lease Well No. Company Westerman "C" 2 Petroleum, Inc. Location Section Township Range County Acres 19 9W 30S SW NE SE 40 Kingman Reservoir Pipeline Connection Field Spivey Grabs Mississippi Permian (oil) Peoples (gas) Type Completion(Describe) Plug Back T.D. Packer Set At Completion Date 9-65 Single 4818 None API Gravity of Liquid/Oil Type Fluid Production Production Method: Flowing Pumping X Gas Lift Casing Size Weight 5-1/2" 14# Oile & Water 31.8 I.D. Set At Perforations 4427 4406-12 Tubing Size 2-3/8" I.D. Set At Perforations Weight 4.7# 4412 4410-14 Pretest: Duration Hrs. 8-14-87 Time 8:00 a.m. Ending Date 8-15-87 Time 8:00 a.m. Starting Date 24 Duration Hrs. Test: 8-15-87 Time 8:00 a.m. Ending Date 8-16-87 Time 8:00 a.m. Starting Date OIL PRODUCTION OBSERVED DATA Separator Pressure Choke Size Producing Weilhead Pressure Tubing: 45# 50# 40# Casing: Net Prod. Bbls. Starting Gauge Ending Gauge Bols./In. Tank Barrels Inches Feet Inches Barrels Water 011 Size Number Feet 250 15174 12 1-1/2242.99 12 3-1/2 246.33 120 3.34 Pretest: 120 250 15174 3-1/23.\34 12 246.33 12 5-1/2249,67 Test: <u>C</u>3, Test: GAS PRODUCTION OBSERVED DATA 12-1-8 cin. Vist Orifice Meter Hange Orlice Meter Connections Static Pressure: Pipe Tapa: Flange Taps: Differential: Run-Prover-Orifice Meter-Frover-Tester Pressure Diff. Press. Gravity | Flowing Measuring In. Water | In. Merc. | Psig or (Pd) (hw) or (hd) | Gas (Gg) | Temp. (t) Tester Size Size Device Orifice 60° 1.250 .701 Meter /, 11 11.6# Critical Flow Prover Orifice Well Tester GAS FLOW RATE CALCULATIONS (R) Flowing Temp. Deviation Chart Extension Cravity Coeff. MCFD Meter-Prover Factor (Fg) Factor (Ft) Factor (Fov) Factor(Fd) (Fb)(Fb)(CWTC) Press.(Psia)(Pm) hw x Pm 26 6.186 10.198 1.194 1.000 Cubic Ft. Gas/Oil Ratio Oil Prod. Gas Frod, MCFD 75.323 3.34 22,552 (GOR) =per Bbl. Bbls./Day: 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 day of Nov 19 87

For State

For Offset Operator

CKD. AND APP LUKE DATE NOV 2 5 1987