

15-095-21766-00-00

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: June 6, 2000  
 Company Lease Well No.

Colt Resources Corporation MORRIS & WOLF  
 Country Location Section Township Range Acres

Kingman C-W/2-SE-NE 35 30S 9W 40  
 Field Reservoir Pipeline Connection

Spivey-Grabs Mississippi Colt Resources Corporation  
 Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At

05/15/00 Single Oil Well 4490'

Production Method: Type Fluid Production API Gravity of Liquid/Oil  
 Flowing Pumping X Gas Lift Oil & Water

Casing Size weight I.D. Set At Perforations To  
 5 1/2" 15.5# 5.00 4535' 4378' To 4410'

Tubing Size Weight I.D. Set At Perforations To  
 2 3/8" 4.7# 1.99

Pretest: Starting Date 06/02/00 Time 9:00 A.M. Ending Date 06/03/00 Time 9:00 A.M. Duration Hrs. 24

Test: Starting Date 06/05/00 Time 9:00 A.M. Ending Date 06/06/00 Time 9:00 A.M. Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Cnoke Size  
 Casing: Tubing:

Bbls./In.	Tank Size Number	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
		Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:		2	7	51.77	3	7	71.81	trace	20.04
Test:		4	1	81.83	5	0	100.20	trace	18.37
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. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester	2"	3/8"			59		

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Oil Prod. Bbls./Day: 18.37 Gas/Oil Ratio (GOR) = 11813 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 6th day of June 19 2000

RECEIVED  
 STATE CORPORATION COMMISSION

*[Signature]*  
 For Company

For Offset Operator JUN 15 2000 For State