

15-095-21765-00-00

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: May 20, 2000

Company Lease Well No.

Colt Resources Corporation MORRIS & WOLF 4

County Location Section Township Range Acres

Kingman C-W/2-SE-NE 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
05/08/00 Single Oil Well 4486'

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 4380' To 4415'
5 1/2" 15.5# 5.00 4527.92'

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

Pretest: Starting Date 05/19/00 Time 9:30 A.M. Ending Date 05/20/00 Time 9:30 A.M. Duration Hrs. 24

Test: Starting Date 05/20/00 Time 9:30 A.M. Ending Date 05/21/00 Time 9:30 A.M. Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing wellhead Pressure		Separator Pressure			Coke Size				
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge		Net Prod. Bbls.		
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:		2	3	31.32	6	10	95.12	58.00	5.80
Test:									
Test:		45	9 1/2	66.70	10	5	145.00	70.40	7.70

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 In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester	1/4"				37		

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 Flow Rate (R): 71.8 Oil Prod. Bbls./Day: 7.829 Gas/Oil Ratio (GOR) = 9171 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 21st day of May 19 2000

RECEIVED

For Offset Operator STATE CORPORATION COMMISSION State

[Signature]
For Company

MAY 26 2000