

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Conservation Division Form C-5 Rev.

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 12-8-04

Company H & B Pet 1 Corp Lease Garden City Well No. 1-18

County Finney Location 180P&L & 601P&L Section 18 Township 22° Range (E/W) 33 Acres

API Well Number 15-055-21845 Reservoir(s) St Louis & Kansas City Gas Pipeline Connection None

Completion Date 10/28/04 Type of Completion (Describe) Perf Plug Back T.D. 4792 Packer Set At None

Lifting Method: Pumping Gas Lift ESP Type Liquid Crude Oil API Gravity of Liquid/Oil 31

Casing Size 5 1/2 Weight 15.6 LD. 4835 Perforations 1239 To 4756 St Louis
St Louis
KCC

Tubing Size 2 3/8 Weight 4.7 LD. 2.0 Set At 4777 Perforations 4767 To

Pretest: Starting Date Time AM/PM Ending Date Time AM/PM

Test: Starting Date Time AM/PM Ending Date Time AM/PM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Casing: vented Psig Tubing: Psig Separator Pressure Psig Choke Size No 40S

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
1.67										
Pretest:										
Test:	<u>200</u>	<u>2308</u>	<u>1</u>	<u>5 1/2</u>	<u>29.72</u>	<u>9</u>	<u>3 1/4</u>	<u>18.519</u>	<u>0</u>	<u>156.56</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No) Yes Orifice Meter Range Differential Static Pressure:

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _s)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter										
Critical Flow Prover										
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F ₁) (F ₂)	Meter-Prover Press. (P ₂) (P ₁)	Press. Extension $\sqrt{h_w \cdot P_m}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _p)	Sqr. Rt. Chart Factor (F _d)

Gas Prod. MCFD 0 Oil Prod. Bbls./Day: 156.56 Gas/Oil Ratio (GOR) = N/A Cubic Feet 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 8th day of December 2004

For Orifice Operator [Signature] For Commission [Signature] For Company [Signature]