

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company: Berge Bros Oil & Gas, Inc. Lease: Miller #1 Well No.: 1
 County: _____ Location: _____ Section: _____ Township: _____ Range: _____ Acres: _____

Field: _____ Reservoir: _____ Pipeline Connection: _____

Completion Date: _____ Type Completion (Describe): _____ Plug Back T.D.: _____ Packer Set At: _____

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

Flowing _____ Pumping _____ Gas Lift _____
 Casing Size: _____ Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____

Tubing Size: _____ Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____

See other side

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

Test: _____ Duration Hrs.: _____
 Starting Date: 5-15-89 Time: 9¹⁵ AM Ending Date: _____ Time: _____

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure				Choke Size				
Casing:		Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200 bbl	4973	5'	0	100.2	6	5	128.59	3 bbl	28.39
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 Pressure	Diff. Press.	Gravity	Flowing Temp.	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)			√hw x Pm				

Gas Prod. MCFD: _____ Oil Prod. Bbls./Day: _____ Gas/Oil Ratio (GOR) = _____ 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 _____ day of _____ 19____

For Offset Operator

For State

For Company

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

316-792-8151
 3111 W 10th St #203
 Great Bend Ks 67530

PRODUCTIVITY TEST
 BARREL TEST

OPERATOR Boger Bros Dalg #9421 LOCATION OF WELL E/2 NE NW
 LEASE Miller OF SEC. 5 T 23 R 14
 WELL NO. 1 COUNTY Stafford
 FIELD _____ PRODUCING FORMATION KC
 Date Taken _____ Date Effective MAY 1 1989
 Well Depth 4080 Top Prod. Form _____ Perfs open
 Casing: Size 5 1/2 Wt. 14 # Depth 3815 Acid 250 gal
 Tubing: Size 2 3/8 Depth of Perfs 3702-08 3686-90 Gravity 27
 Pump: Type insert Bore 1 1/2 3665-69 3702-08 Purchaser Clear Creek
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field Special _____
 Flowing Swabbing _____ Pumping

STATE CORPORATION COMMISSION
 STATE

MAY 30 1989
 CONSERVATION DIVISION
 Kansas

STATUS BEFORE TEST:

PRODUCED 24 HOURS
 SHUT IN — HOURS

DURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES 1.095 PERCENTAGE
 OIL _____ INCHES .905 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 31.39
 WATER PRODUCTION RATE (BARRELS PER DAY) 3.0
 OIL PRODUCTION RATE (BARRELS PER DAY) 28.39 PRODUCTIVITY
 STROKES PER MINUTE 13
 LENGTH OF STROKE 48 INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS _____

WITNESSES:

Dale Smith

FOR STATE _____ FOR OPERATOR _____ FOR OFFSET _____