

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT 15-009-24638-0000

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 10-2-97

Company: Maxwell Operating Co. Inc. Lease: Ross Well No. 1

County: Barton Location: S2 NW NE Section: 4 Township: 16 Range: 12W Acres: [blank]

Field: Beaver North Reservoir: Topeka-LKC Pipeline Connection: Farmland

Completion Date: 8-15-97 Type Completion (Describe): [blank] Plug Back T.D.: 3275 Packer Set At: [blank]

Production Method: SPM: 11 LS 54 Type Fluid Production: oil API Gravity of Liquid/Oil: 33.5

Flowing (Pumping) Gas Lift: [blank]

Casing Size: 5 1/2 Weight: [blank] I.D.: [blank] Set At: 3313 Perforations To: 3255-58 3219-22 3122-26

Tubing Size: 2 7/8 Weight: [blank] I.D.: [blank] Set At: 3265 Perforations To: 3079-83 3053-55 2968-71 2894-2915

Pretest: Starting Date 10-2-97 Time 12:45 PM Ending Date 10-3-97 Time 12:45 PM Duration Hrs. 24

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:									
1-67/16									
Test:	200	240475	1	3 1/2	5	3 1/4		80	80
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 In. Water	Tester 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								

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): Oil Prod. Bbls./Day: 80 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 3rd day of October 1997

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]