

15-185-22737-00-00

1-9-91 Wednesday 2 9:00am

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: MURKIN Drilling Co. Inc. Lease: Merriick Well No.: 1-23

County: Stafford Co. Ks. Location: E/2 NE SE Section: 23 Township: 23S Range: 14W Acres:

Field: Wildcat Reservoir: LKC Pipeline Connection: TEXACO Trading

Completion Date: 11-29-90 Type Completion (Describe): cased hole - perforated Plug Back T.D.: 4087 Packer Set At: NONE

Production Method: (Pumping) Type Fluid Production: Oil API Gravity of Liquid/Oil: 36.6 @ 32°

Flowing Casing Size	Weight	I.D.	Set At	Perforations	To
<u>5 1/2"</u>	<u>15.5#</u>		<u>4117'</u>	<u>3674</u>	<u>3677.5</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 7/8"</u>	<u>6.5#</u>		<u>3714.55</u>	<u>SAME</u>	

Pretest: Starting Date 1-9-91 Time 9:25 AM Ending Date 1-10-91 Time 9:25 Duration Hrs. 29

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure	Separator Pressure	Choke Size		
Casing: <u>0</u> Tubing: <u>70"</u>				
Bbbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod. Bbbls.
	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water Oil
Pretest:				
Test:	<u>2000</u> <u>27438</u>	<u>1</u> <u>3</u> <u>25.05</u>	<u>8</u> <u>0</u> <u>160.32</u>	<u>0</u> <u>135.27</u>
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.	Pressure 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 Oil Prod. Bbbls./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 10 day of Jan. 1991

For Offset Operator: For State: For Company:

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. T _____ R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDS _____

GAUGES: WATER _____ INCHES _____ PERCENTAGE _____

OIL _____ INCHES 160 PERCENTAGE _____

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 135.27

WATER PRODUCTION RATE (BARRELS PER DAY) 0

OIL PRODUCTION RATE (BARRELS PER DAY) 135.27 PRODUCTIVITY

STROKES PER MINUTE 10

LENGTH OF STROKE 54 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS mail copy of test report to operator @ Russell Co.
Box 288 Russell Co 67665

WITNESSES:

[Signature]
FOR STATE

[Signature]
FOR OPERATOR

FOR OFFSET