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STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

KCC WICHITA Form C-5 Rev.

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company American Warrior, Inc. Lease Hufford 1-19 Well No. 1-19

County Stafford Location 130'S & 62'E of C N/2 NE NE Section 19 Township 21S Range (E/W) 13W Acres

API Well Number 15- Reservoir(s) Gas Pipeline Connection

Completion Date Type of Completion (Describe) OIL Plug Back T.D. 3728 Packer Set At

Lifting Method: None Pumping Gas Lift ESP Type Liquid API Gravity of Liquid/Oil

Casing Size 5 1/2" Weight 14 ID. 3722.53 Set At Perforations 3728-3722' To

Tubing Size 2 3/8" Weight 4.70 ID. 3710 Set At Perforations To

Pretest: Starting Date 11-14-03 Time 1:00 AM/PM Ending Date 11-15-03 Time 1:00 AM/PM

Test: Starting Date 11-15-03 Time 1:00 AM/PM Ending Date 11-16-03 Time 1:00 AM/PM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	250	8713	8	3 1/2	166	8	6	170	9	4
Test:	250	8713	8	6	170	8	8 1/2	174	9	4
Test:										

GAS PRODUCTION OBSERVED DATA

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

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Presa. (h _w) or (h _d)	Gas Gravity (G _p)	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 _{1a})(P _{2a})	Press. Extension $\sqrt{h_w \cdot P_a}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _{pr})	Sqr. Rt. Chart Factor (F _d)

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

Steve Demont

Bob Kaiser

For Offset Operator

For Commission

For Company Pumpers (Rev. 10/96)