STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST &GOR REPORT 15-023-20269-00-00
JAN 1 1989 Form C-5 Revised

Conservation Division

Type Test: (Initial) Annual Workover Reclassification Test Date:

Company: Joseph H. Strabala Waters

County: Location: Section: Township Range: Acres:
Cheyenne, SW NE SEW 32 1 38

Field: Reservoir: Pipeline Connection:
K C Clear Creek

Completion Date Type Completion (Describe): Plug Back T.D. Packer Set At:
8-18-88

Production Method: Type Fluid Production API Gravity of Liquid/Oil:
Flowing Pumping Gas Lift:

Casing Size Weight I.D. Set At Perforations To:
4 7/8 0 474 7 433 1 4688

Tubing Size Weight I.D. Set At Perforations To:
2 7/8

Pretest:

Starting Date Time Ending Date Time:
Test:

Duration Hrs:

Producing Wellhead Pressure Separator Pressure Choke Size
Casing: Tubing: 1 0 X 4 4

Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls:
1 6 1 Size Number Feet Inches Barrels Feet Inches Barrels Water Oil

Pretest:

Test: 250 60 65 9 7 10 0 15 8

Test:

OIL PRODUCTION OBSERVED DATA

GAS PRODUCTION OBSERVED DATA

Pipe Taps: Orifice Meter Connections Flange Taps: Orifice Meter Range
Measuring Device Run-Prover Orifice Meter-Prover-Tester Pressure Diff. Press. Gravity Flowing
Device Test Prover

In.Water In.Merc. Paig or (Pd) (hw) or (hd) Gas (Gg) Temp. (t)

Orifice Meter State Conservation Division

Critical Flow Prover

Orifice Well Tester

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD Meter-Prover Extension Flowing Temp. Deviation Chart
(Fb)/(Pp)/(OWTC) Press. (Pala)/(Pm) Vhw x Pm Gravity Factor (Fg) Factor (Ft) Factor (Fp)

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft
Flow Rate (R): Bbls./Day: (GOR) = 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

Dale I. Barthley Doug Fleming

Form C-5 (5/88)
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_________ HOURS_________ MINUTES_________ SECONDS
GAUGES: WATER_________ INCHES_________ PERCENTAGE
OIL_________ INCHES_________ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) ________________________________
WATER PRODUCTION RATE (BARRELS PER DAY) ________________________________
OIL PRODUCTION RATE (BARRELS PER DAY) ________________________________ PRODUCTIVITY
STROKES PER MINUTE ________________________________
LENGTH OF STROKE______________________ INCHES
REGULAR PRODUCING SCHEDULE______________________ HOURS PER DAY.
COMMENTS ________________________________

__________________________________________
__________________________________________
__________________________________________

WITNESSES:

FOR STATE ________________________________ FOR OPERATOR ________________________________ FOR OFFSET ________________________________