**STATE OF KANSAS - CORPORATION COMMISSION**  
**PRODUCTION TEST & GOR REPORT**

**Conservation Division**  
**TYPE TEST:** (Initial) Annual  
**Workover:**  
**Reclassification:**  
**TEST DATE:** 5-31-88  

**Company:** Source Petroleum  
**Lease:** Rather  
**Well No.:**  

**County:** Rawlins  
**Location:** NW-NE-SE  
**Section:** 24  
**Township:** 1  
**Range:** 33  
**Acres:**  

**Field:**  
**Reservoir:** K.C.  
**Pipeline Connection:**  

**Completion Date:** 4-13-88  
**Type Completion (Describe):** Plug Back T.D.  
**Packer Set At:** 4291 - 4730  

**Production Method:**  
**Flowing:**  
**Casing Size:** 4 1/2  
**Weight:**  
**I.D.:**  
**Set At:** 4730  
**Perforations To:** 4208 - 10  

**Tubing Size:** 2 3/8  
**Weight:**  
**I.D.:**  
**Set At:** 4138  
**Perforations To:**  

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

**Test:**  
**Starting Date:** 5-31-88  
**Time:** 11:20 AM  
**Ending Date:** 6-1-88  
**Time:** 11:20 AM  
**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.**  

<table>
<thead>
<tr>
<th>Bbls./In.</th>
<th>Tank</th>
<th>Starting Gauge</th>
<th>Ending Gauge</th>
<th>Net Prod., Bbls.</th>
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<tr>
<td>167</td>
<td></td>
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</table>

**Pretest:**  
**Test:**  
**Orifice Meter Connections**  
**GAS PRODUCTION OBSERVED DATA**  
**Pipe Taps:**  
**Meter-Prover Size**  
**Tester Size**  
**Orifice Size**  
**Differential:**  
**Static Pressure:**  

**GAS FLOW RATE CALCULATIONS (R)**  
**Coeff. MCFD (Fb)(Fp)(OWTC)**  
**Meter-Prover Press. (Psia)(Pm)**  
**Extension (hw x Fm)**  
**Gravity (Factor (Fg))**  
**Flowing Temp. Factor (Ft)**  
**Deviation (Factor (Fp))**  
**Chart Factor (Fd)**  

**Gas Prod. MCFD:**  
**Oil Prod.:**  
**Gas/Oil Ratio:**  
**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  

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 _________________________________________