**STATE OF KANSAS - CORPORATION COMMISSION**  
**PRODUCTION TEST & GOR REPORT**  
**NOV 1 1988**  
Form C-5 Revised

**Conservation Division**  
**TYPE TEST:** Annual  
**Company:** Ainsworth Drilling

**Location:** Davis  
**County:** Graham  
**Section:** 34  
**Township:** 6  
**Range:** 22  
**Acres:**  
**Field:** K.C. @ 35/3  
**Reservoir:** Pipeline Connection  
**Completion Date:**  
**Type Completion (Describe):** Plug Back T.D.  
**Packer Set At:** 3900  
**Plug Back T.D.:** 3667  
**Flowing (Pumping) Gas Lift:**  
**Casing Size:** 5  
**Weight:**  
**I.D.:**  
**Set At:** 3896  
**Perforations To:** 35/3  
**Tubing Size:** 2  
**Weight:**  
**I.D.:**  
**Set At:** 3817  
**Perforations To:**  

**Production Method:** Type Fluid Production  
**API Gravity of Liquid/Oil:** 37.4° @ 62°

**Pretest:**  
**Starting Date:** 10-13-88  
**Time:** 9:35A  
**Duration Hrs.:** 84

**Producing Wellhead Pressure:**  
**Separator Pressure:**  
**Choke Size:**  

<table>
<thead>
<tr>
<th>Casing</th>
<th>Tubing</th>
<th>Tank</th>
<th>Size</th>
<th>Number</th>
<th>Feet</th>
<th>Inches</th>
<th>Barrels</th>
<th>Foot</th>
<th>Inches</th>
<th>Barrels</th>
<th>Net Prod., Bbls.</th>
<th>Water</th>
<th>Oil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.67</td>
<td>Pretest: 200 114439</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GAS PRODUCTION OBSERVED DATA**

<table>
<thead>
<tr>
<th>Orifice Meter Connections</th>
<th>Orifice Meter Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine Taps:</td>
<td>Flange Taps:</td>
</tr>
<tr>
<td>Measuring Device:</td>
<td>Measuring Device:</td>
</tr>
<tr>
<td>Orifice Meter:</td>
<td>Orifice Meter:</td>
</tr>
<tr>
<td>Critical Flow Prover:</td>
<td>Critical Flow Prover:</td>
</tr>
<tr>
<td>Orifice Well Tester:</td>
<td>Orifice Well Tester:</td>
</tr>
</tbody>
</table>

**GAS FLOW RATE CALCULATIONS (R)**

<table>
<thead>
<tr>
<th>Coeff. MCPD (Fb)(Pp)(OWTC)</th>
<th>Meter-Prover Press. (Psia)(Pm)</th>
<th>Extension</th>
<th>Gravity</th>
<th>Flowing Temp. Factor (Fp)</th>
<th>Deviation Factor (Fpv)</th>
<th>Chart Factor (Fdp)</th>
</tr>
</thead>
</table>

**Gas Prod. MCPD:**  
**Oil Prod.:**  
**Flow Rate (R):** Bbls./Day:  
**Gas/Oil Ratio:** 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 day of

For Offset Operator  
For State  
For Company  

Date: July 1988  
Date: July 1988  
Date: July 1988

**Form C-5 (5/88) D**
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 ____________________________