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

**JUN 1 1989** Form C-5 Revised

**Consortment Division**
- **Type Test:** Initial
- **Annual Workover:**
- **Reclassification:**
- **Test Date:**

**Company:** Ritchie Exp.
- **Lease:** Kemer
- **Well No.:** #1

**County:** Graham
- **Location:** SW 1/4
- **Section:** 6
- **Township:** 23
- **Range:** 6

**Field:** Kemer
- **Reservoir:** LKC
- **Pipeline Connection:** Koch

**Completion Date:**
- **Type Completion:**
- **Describe:** Plug Back T.D.
- **Fupper Set At:** 3186

**Production Method:**
- **Type Fluid Production:**
- **API Gravity of Liquid/Oil:**

**Flowing:**
- **Pumping**
- **Gas Lift:**

**Casing Size Weight I.D. Set At Perforations To**
- **4 1/2:** 3785 3 209 - 06

**Tubing Size Weight I.D. Set At Perforations To**
- **2 3/8:** 3792

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

**Test:**
- **Starting Date:** 6-1-89
- **Time:** 11:00 A.M
- **Ending Date:** 6-1-89
- **Time:** 11:20 A.M
- **Duration Hrs.:**

**OIL PRODUCTION OBSERVED DATA**

**Producing Wellhead Pressure**

<table>
<thead>
<tr>
<th>Bbls./In.</th>
<th>Tank</th>
<th>Starting Gauge</th>
<th>Ending Gauge</th>
<th>Net Prod., Bbls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.67</td>
<td></td>
<td>123.59</td>
<td>153.69</td>
<td>30.01</td>
</tr>
</tbody>
</table>

**Separator Pressure**

**Casing:**
- **Tubing:**

**Choke Size**

<table>
<thead>
<tr>
<th>Measuring Tank</th>
<th>Flange Size</th>
<th>Orifice Meter Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orifice Meter</td>
<td>Size</td>
<td></td>
</tr>
</tbody>
</table>

**GAS PRODUCTION OBSERVED DATA**

**GAS FLOW RATE CALCULATIONS (R)**

<table>
<thead>
<tr>
<th>Coeff. MCDF (Fb)(Fp)(GWTC)</th>
<th>Meter-Proof Press.(Psia)(Pm)</th>
<th>Extension (hw x Pm)</th>
<th>Gravity Factor (Fg)</th>
<th>Flowing Temp. Factor (Ft)</th>
<th>Deviation Factor (Fpv)</th>
<th>Chart Factor (Fpd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gas Prod. MCDF**

**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**

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 ___________________________