STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT
JUN 1 1989
Form C-5 Revised

Conservation Division

Company: Ritchie Exploration Inc.

Well No.:

County: Graham

Location: SE-SE-21

Acres:

Field: LKC-Meadow Region Sand

Pipeline Connection:

Completion Date: Plug Back T.D.

Facker Set At:

Production Method:

Type Completion (Describe): Plug Back T.D.

API Gravity of Liquid/Oil:

Flowing (Pumping) Gas Lift:

Casing Size Weight I.D. Set At Perforations To

Tubing Size Weight I.D. Set At Perforations To

Pretest:

Starting Date Time Ending Date Time

Test:

Starting Date 6-1-89 Time 8:00 AM Ending Date 6-2-89 Time 8:00 AM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure

Separator Pressure

Choke Size

Casing: Tubing:

Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls.

1/27 Size Number Feet Inches Barrels Feet Inches Barrels Water Oil

Pretest:

Test: 200 154437 1 10 36.81 2 1/2 40.55 26 3.74

Test:

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections

Orifice Meter Range

Pipe Taps: Measuring Device: Orifice Meter Size

Flange Taps: Run-Prover-Flow Prover

Ori;ice Meter-Prover-Tester Size

In Water In. Merc. Psig or (F) Pressure

Differential:

Static Pressure:

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFPD Meter-Prover Press. (Psia) (Pm)

Extension

Gravity Factor (Fg) Flowing Temp. Factor (Ft)

Deviation Factor (Fpv)

Chart Factor (Fbd)

Gas Prod. MCFPD Oil Prod.

Flow Rate (R): Bbls./Day: Gas/Oil Ratio

(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 ________________________________