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

**Conservation Division**  
**Type Test:** Initial  
**Company:** Sharp Engineering  
**Location:** Pittman  
**County:** Reno  
**Field:** Sweet SE  
**Reservoir:** Aubuckley  
**Well No.:** A  
**Lease:** B  
**Section:** 20  
**Township:** 8  
**Range:** W  
**Acres:**  
**Pipeline Connection:** Farmland  
**Completion Date:** 3-11-92  
**Type Completion (Describe):** Plug back T.D.  
**Perforations:** Packer Set at 3461  
**Production Method:** SPA: 24  
**Type Fluid Production:** API Gravity of Liquid/Oil  
**Flowing - Pumping:** Gas Lift  
**Casing Size:** 4  
**Weight:** 4  
**I.D.:** 4  
**Set At:** 3454  
**Perforations:** 3454-61  
**Tubing Size:** 2  
**Weight:** 2  
**I.D.:** 2  
**Set At:** 3445  
**Duration Hrs.:**  
**OIL PRODUCTION OBSERVED DATA**

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

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<tbody>
<tr>
<td>Pretest:</td>
<td></td>
<td>167/10 Test:</td>
<td>200</td>
<td>3035</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>27</td>
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<tr>
<td>Test:</td>
<td></td>
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<td>420</td>
<td>4</td>
<td>6 1/2</td>
<td>4</td>
<td>7</td>
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**GAS PRODUCTION OBSERVED DATA**

**Orifice Meter Connections**  
**Orifice Meter Range**

**Pipe Taps:**  
**Flange Taps:**  
**Differential:**  
**Static Pressure:**

**Measuring Device:** Run-Prover-Tester  
**Orifice Size:**  
**Meter-Prover-Tester Pressure:** In., Water, In., Merc., Psig or (Pd)  
**Diff. Press.:** (hw) or (hd)  
**Gravity:** Gas (Gg)  
**Flowing Temp.:** (Ft)  
**Deviation Factor:** (Pv)  
**Chart Factor:** (Fd)

**GAS FLOW RATE CALCULATIONS (R)**

<table>
<thead>
<tr>
<th>Coeff. MCFD</th>
<th>Meter-Prover Press., (Psia), (Pm)</th>
<th>Extension</th>
<th>Gravity</th>
<th>Flowing Temp.</th>
<th>Deviation Factor</th>
<th>Chart Factor</th>
</tr>
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**Gas Prod., MCFD**  
**Oil Prod.**  
**Cubic Ft. per Bbl.**

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

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 17th day of April, 1992.

For Offset Operator  
For State  
For Company

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**For Offset Operator**  
**For State**  
**For Company**