

Pool _____ Operator _____

Lease _____ Well No. _____ Unit _____ S _____ T _____ R _____

[illegible]

Pool ALLISON ABOOperator Atlantic Richfield CoLease State A.D.Well No. 1Unit N S 2 T 9 R 36

PRODUCED DURING TEST

DATE OF TEST	DAILY ALLOWABLE	WATER, BBLS.	OIL, BBLS.	GAS, MCF	GAS OIL RATIO
<u>Completed 7-30-54</u>					
9-19-54 24 hr.	144	11.46	179.5	270.9	1509
3-1-55 24 hr.	155	5.12	165.45	275.4	1664
3-2-56 24 hr.	155	1.8	183	228	1246
3-25-57 24 hr.	155	.38	189.62	146.7	772
3-15-58 24 hr.	125	.46	151.67	37.2	245
3-8-59 24 hr.	129	0	140.64	138.4	984
12-31-59 24 hr.	172	0	204.0	138.5	679
3-24-60 24 hr.	172	44.	208.	273.	1313
3-27-61 24	167	55-	83	100	1205
3-26-62 24	24	43	16	39	2438
3-23-63 24	9	13	20	10	500
3-24-63 24	9	51	22	10	455
Recompleted to Allison Abo March, 1964					
4-6-64 24	69	10	37	15	405

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[illegible]