

STATE OF KANSAS - CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

FORM G-2
8-7-58

TYPE TEST: ☒ Deliverability ☒ Open Flow		TEST DATE: 11-10-98	
COMPANY LaVeta Operating		LEASE Allen	
COUNTY Stafford		WELL NO. 7	
LOCATION SE SW	SECTION 32	TWP 22s	RNG 11w
ACRES 160			
FIELD Richardson	RESERVOIR Severy	PIPELINE CONNECTION Sand Hills LLC	
COMPLETION DATE 3/23/98	PLUG BACK DEPTH 2800	PACKER SET AT	
	TOTAL DEPTH 2800		
CASING SIZE 7.000	WT. 20.000	ID 6.456	SET AT 2800
			PERF. 2767
			TO 2772
TUBING SIZE 2.875	WT. 6.500	ID 2.441	SET AT 2760
			PERF. TO
TYPE COMPLETION (Describe) new		TYPE FLUID PRODUCTION water	
PRODUCING THRU tubing		RESERVOIR TEMPERATURE F 88	
		BAR PRESS - Pa 14.4 psia	
GAS GRAVITY - Gg .722	% CARBON DIOXIDE .106	% NITROGEN 28.033	API GRAVITY OF LIQUID
VERTICAL DEPTH (H) 2800		TYPE METER CONN. flange	
		METER RUN SIZE 2	
SHUT-IN PRESSURE: SHUT IN	11-06 19 98	AT 8 (AM)(PM)	TAKEN 11-9 1998
FLOW TEST STARTED:	11-09 19 98	AT 9 (AM)(PM)	TAKEN 11-10 1998
			AT 9 (AM)(PM)
			AT 3 (AM)(PM)

OBSERVED DATA

SHUT-IN OR FLOW	ORIFICE SIZE in.	(METER) PRESSURE psig	DIFF. (h _w) (h _t)	FLOWING TEMP. t.	WELLHEAD TEMP. t.	CASING WELLHEAD PRESS.		TUBING WELLHEAD PRESS.		DURATION HOURS	LIQUID PROD. Bbls.
						psig	(P _w)(P _t)(P _c) psia	psig	(P _w)(P _t)(P _c) psia		
SHUT-IN						611	625	431	445	72.00	
FLOW	.625	45.00	8.00	52		441	455	100	114	27.00	

RATE OF FLOW CALCULATION

COEFFICIENT (F _b) Mcf/d	(METER) PRESSURE psia	EXTENSION $\sqrt{P_m \times H_w}$	GRAVITY FACTOR F _g	FLOWING TEMP FACTOR F _t	DEVIATION FACTOR F _{pv}	RATE OF FLOW R Mcf/d	GOR	C _m
1.919	59.4	21.80	1.1766	1.0078	1.0043	49		.722

(OPEN FLOW)(DELIVERABILITY CALCULATIONS)

(P _c) ² = 391.1		(P _w) ² = 207.4		Pd = 7.2		x (P _c - 14.4) + 14.4 =		(Pa) ² = 0.207
(P _c) ² - (P _a) ²		(P _c) ² - (P _w) ²		(P _c) ² - (P _d) ²		(P _c) ² - (P _v) ²		(Pd) ² = 2.03
OR								
(P _c) ² - (P _d) ²								
390.92	183.74	2.128	.3279	.582	.1907	1.551	77	
389.10	183.74	2.118	.3259	.582	.1895	1.547	77	

OPEN FLOW 77 Mcfd @ 14.65 psia DELIVERABILITY 77 Mcfd @ 14.65 psia

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 herein, and that said report is true and correct.

Executed this the _____ day of _____, 19 ____.

Witness (if any)

For Company