

**STATE OF KANSAS - CORPORATION COMMISSION
MULTIPOINT BACK PRESSURE TEST**

FORM CG-1 Rev.

TYPE TEST: ☐ Initial ☐ Annual ☐ Special		TEST DATE:	
COMPANY <u>Cambria Corporation</u>		LEASE <u>Becker Trust</u>	
COUNTY <u>Pawnee</u>		WELL NO: <u>1</u>	
LOCATION <u>1320fnl</u>	SECTION <u>32</u>	TWP <u>23s</u>	RNG (E/W) <u>15w</u>
ACRES <u>1300fwl</u>	ACRES <u>160</u>		
API WELL NUMBER <u>15-145-21515</u>		RESERVOIR <u>Shawnee</u>	
COMPLETION DATE <u>9/16/07</u>		PIPELINE CONNECTION <u>Lumen Midstream</u>	
PLUG BACK		PACKER SET AT	
TOTAL DEPTH <u>3214</u>		<u>None</u>	
CASING SIZE <u>4 1/2"</u>	WT. <u>10.5#</u>	ID. <u>3.228</u>	SET AT <u>3107</u>
TUBING SIZE <u>2 3/8"</u>	WT. <u>4.7 #</u>	ID. <u>3097</u>	SET AT <u>3170</u>
TYPE COMPLETION (Describe) <u>Perforate</u>		TYPE FLUID PRODUCTION <u>None</u>	
PRODUCING THRU <u>Tubing</u>		RESERVOIR TEMPERATURE °F <u>98</u>	
GAS GRAVITY - G _s <u>0.7490</u>		BAR PRESS - P _a <u>14.4 Psia</u>	
% CARBON DIOXIDE <u>0.137</u>		% NITROGEN <u>33.181</u>	
API GRAVITY OF LIQUID			
VERTICAL DEPTH (H) <u>3170</u>		TYPE METER CONNECTION <u>EFM</u>	
		(METER RUN) (PROVER) SIZE <u>1 1/4"</u>	
REMARKS <u>Re-perf. & Acidize</u>			

OBSERVED DATA							DURATION OF SHUT-IN _____ HR.		
RATE NO.	ORIFICE SIZE in.	(METER) (PROVER) PRESSURE Psig	DIFF. (h _w) (h _d)	FLOWING TEMP t	WELL-HEAD TEMP. t	CSG WELLHEAD PRESS. Psig (P _w)(P _i)(P _c) Psia	TBG WELLHEAD PRESS. Psig (P _w)(P _i)(P _c) Psia	FLOW DURATION (HOURS)	LIQUID PROD. Bbls.
SHUT IN									
1									
2									
3									
4									
5									

RATE OF FLOW CALCULATIONS									
RATE NO.	COEFFICIENT (F _b) (F _p) Mcfd	(METER) (PROVER) PRESSURE Psia	PRESS EXTENSION $\sqrt{P_m * h_w}$	GRAVITY FACTOR F _g	FLOWING TEMP FACTOR F _t	DEVIATION FACTOR F _{pv}	RATE OF FLOW Q Mcfd	GOR (ft ³ /Bbl)	G _m
1									
2									
3									
4									
5									

PRESSURE CALCULATIONS								
RATE NO.	P _i Psia	P _c Psia	P _w Psia	(P _c) ² THOUSANDS	(P _w) ² THOUSANDS	PLOTING POINTS		% SHUT-IN (P _w - P _s) 100 $\frac{(P_c - P_s)}{(P_c - P_s)}$
						(P _c) ² - (P _w) ² THOUSANDS	Q Mcf/d	
1								
2								
3								
4								
5								

INDICATED WELLHEAD OPEN FLOW

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

For Commission

Checked By (Rev. 10/96)

