

15-023-20252-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

APR 1 1988

Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:
 Company Golden Eagle Drilling, Inc. Christensen Lease Well No. 1
 County Cheyenne Location SE NE NE Section 10 Township 1 Range 38 W Acres
 Field Christensen Reservoir K.C. Pipeline Connection Clear Creek
 Completion Date 3-28-88 Type Completion (Describe) NEW Well Plug Back T.D. 4305-4570 Packer Set At
 Production Method: 12x54 Type Fluid Production oil API Gravity of Liquid/Oil
 Flowing (Pumping) Gas Lift oil 38.2° @ 60°
 Casing Size 5 1/2 Weight 14 I.D. 4305 Set At Perforations 4428 To 4436
 Tubing Size 2 3/8 Weight I.D. 4200 Set At Perforations To

Pretest: Duration Hrs.
 Starting Date Time Ending Date Time
 Test: Duration Hrs.
 Starting Date 4-18-88 Time 10:30 A. Ending Date 4-19-88 Time 10:30 A. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size						
Casing:	Tubing:										
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.			
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil		
Pretest:											
Test:	<u>1.67</u>	<u>200</u>	<u>66</u>	<u>1</u>	<u>2</u>	<u>23.38</u>	<u>7</u>	<u>7 3/4</u>	<u>153.22</u>	<u>0</u>	<u>130</u>
Test:											

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure In. Water	In. Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: Gas/Oil Ratio (GOR) = Cubic Ft. 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____

RECEIVED
 STATE CORPORATION COMMISSION

For Offset Operator

For State

For Company

APR 26 1988
 04-26-88
 CONSERVATION DIVISION
 Wichita, Kansas

Form C-5 (5/88)

D

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