

15-023-20259-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

AUG 1 1988 Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:

Company Golden Eagle Hlp. Inc. Lease Christensen Well No. 2-A

County Cheyenne Location NW NE NE Section 10 Township 1 Range 38 Acres

Field Fort Scott & K.C. Reservoir Clear Creek Pipeline Connection

Completion Date 7-27-88 Type Completion (Describe) comingle Plug Back T.D. 4486-4550 Packer Set At

Production Method: Flowing (Pumping) Gas Lift Type Fluid Production Oil API Gravity of Liquid/Oil 40.3 @ 78°

Casing Size 4 1/2 Weight I.D. — Set At 4486 Perforations 4418-21 Fort Scott To 4428-30 K.C.

Tubing Size 2 3/8 Weight I.D. — Set At 4410 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 8-9-88 Time 11:00 AM Ending Date 8-10-88 Time 11:00 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Bbls./In.	Casing:		Tubing:			Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:													
Test:	<u>200</u>	<u>4566</u> <u>26285</u>	<u>2'</u>	<u>5"</u>		<u>6'</u>	<u>11"</u>					<u>0</u>	<u>90</u>
Test:													

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Pipe Taps: Flange Taps: Differential: Static Pressure:

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

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(CWTC)	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 10 day of Aug 19 88

For Offset Operator Dennis Hamel For State Dennis Hamel For Company Dennis Hamel

Dennis Hamel
Dennis Hamel

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

800 1 5

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 _____

FOR STATE

FOR OPERATOR

FOR OFFSET