

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-023-20269-00-00

JAN 1 1989 Form C-5 Revised

Conservation Division

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

Company Lease Well No.

Joseph H. Strabala Waters 1

County Location Section Township Range Acres

Cheyenne SW-NE-SEW 32 1 38

Field Reservoir Pipeline Connection

K.C. Clear Creek

Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At

8-18-88 4800 4525

Production Method: Type Fluid Production API Gravity of Liquid/Oil

Flowing (Pumping) Gas Lift Oil 31.8° 42°

Casing Size Weight I.D. Set At Perforations To

4 1/2 4747 4331 4688

Tubing Size Weight I.D. Set At Perforations To

2 1/8 4517

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date Time Ending Date Time Duration Hrs.

Starting Date 1-4-89 Time 11:30 A Ending Date 1-5-89 Time 11:30 A 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: Tubing: 10 X 44

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
1.67										
Pretest:										
Test:	250	5085	9	7		10	0		15	8
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Pipe Taps: Flange Taps: Differential: Static Pressure:

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

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (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 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__

For Offset Operator: Dale F. Balthazor For State; Doug J. Demming For Company

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