

15-065-22451-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

JUN 1 1989 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Lease Well No.

Ritchie Exploration Inc. Allen Worchester #1-

County Location Section Township Range Acres

Graham NW-NE-NE 24 6 22

Field Reservoir Pipeline Connection

LKC. Kochs

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

Pumping 2860

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

Flowing Pumping Gas Lift Crude

Casing Size Weight I.D. Set At Perforations To

4 1/2 984 3 6 14-17 3 552-55

Tubing Size Weight I.D. Set At Perforations To

2 3/8 3720

Pretest: Duration Hrs.

Starting Date Time Ending Date Time

Test: Duration Hrs.

Starting Date 6-1-89 Time 9:10 AM Ending Date 6-2-89 Time 9:15 AM - 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
1.67										
Pretest:										
Test:	200	170302	6	-	120,25	7	1/4	145,68	2	25,43
Test:								126,25		
								25,43		

Pretest: Test: Test:

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Pipe Taps: Flange Taps: Differential: Static Pressure:

Measuring Device	Run-Tester	Prover-Tester	Orifice Size	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								
Critical Flow Prover									
Orifice Well Tester									

JUN 6 1989

Wichita, Kansas

GAS FLOW RATE CALCULATIONS (R)

Coeff. (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.

Flow Rate (R):

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 For State 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