

15-065-22747-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 1-10-95
 Company DUNNE OIL CO. #4197 Lease ANDERSON Well No. 1
 County GRAHAM Location NESE NE Section 36 Township 7 Range 25W Acres
 Field DRIPPING SPRINGS Reservoir KC JZONE Pipeline Connection KOCH
 Completion Date _____ Type Completion (Describe) RODS STUBING Plug Back T.D. O.H. Packer Set At _____
 Production Method: _____ Type Fluid Production OIL API Gravity of Liquid/Oil 38.2 @ 60°F
 Flowing (Pumping) Gas Lift _____
 Casing Size 5 1/2 Weight _____ I.D. 5 Set At 4020 Perforations _____ To O.H. 4022
 Tubing Size 2 3/8 Weight _____ I.D. 2 Set At 4000± Perforations _____ To _____

Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____
 Test: _____ Duration Hrs. _____
 Starting Date 1-9-95 Time 10 AM Ending Date 1-10-95 Time 10 AM Duration 24 Hrs.

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:	200 240420	2	1.5						
Test:	200 240420	2	1.5		7	4		26	104
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	Tester Pressure In. Merc.	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 _____ Oil Prod. Bbls./Day: 104 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 Jan 19 95
 For Offset Operator _____ For State _____ For Company _____