

15-163-23043-00-02

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR S & M OIL LOCATION OF WELL SE ~~SE~~ SW NE
 LEASE - HPABE OF SEC. 12 T 9 R 17
 WELL NO. D-2 COUNTY ROOKS
 FIELD WESTHUSIN PRODUCING FORMATION KC
 Date Taken 6-27-89 Date Effective JUL 1 1989
 Well Depth 3520 Top Prod. Form 2143 Perfs 3073-3375
 Casing: Size 5 1/2 Wt. _____ Depth 3519 Acid _____
 Tubing: Size 2 7/8 Depth of Perfs 3450 Gravity 36.60
 Pump: Type INSERT Bore 2" Purchaser FAEMLAN
 Well Status _____

Pumping, flowing, etc.
 RECEIVED
 STATE CORPORATION COMMISSION

JUL - 6 1989

7/6/89

TEST DATA

Permanent _____ Field Special
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST CONSERVATION DIVISION
 Wichita, Kansas

PRODUCED 6 HOURS
 SHUT IN 18 HOURS

DURATION OF TEST _____ HOURS 30 MINUTES 0 SECONDS

GAUGES: WATER _____ INCHES 90 PERCENTAGE
 OIL _____ INCHES 10 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 48.00

WATER PRODUCTION RATE (BARRELS PER DAY) 43.20

OIL PRODUCTION RATE (BARRELS PER DAY) 5 PRODUCTIVITY

STROKES PER MINUTE 10

LENGTH OF STROKE 64 INCHES

REGULAR PRODUCING SCHEDULE 6 HOURS PER DAY.

COMMENTS _____

Test requested by Bob Blecha K.B.T.
W.F.B.

WITNESSES:

Marilyn Mulin
 FOR STATE

Steve Crawford
 FOR OPERATOR

FOR OFFSET

Dale F. Batthazoc

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company _____ Lease _____ Well No. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

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

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

Flowing _____ Pumping _____ Gas Lift _____
 Casing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Tubing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____

Test: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____

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:										
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range				
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover-Tester	Pressure		Diff. Press.	Gravity	Flowing
			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)

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

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

For State

For Company

Form C-5 (5/88)