

15-163-23045-00-00

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR SEM OIL LOCATION OF WELL SW NW NE
 LEASE HEARE OF SEC. 12 T 9 R 17
 WELL NO. G-2 COUNTY ROOKS
 FIELD WEST HUSIN PRODUCING FORMATION KC
 Date Taken 6-27-89 Date Effective JUL 1 1989
 Well Depth 3476 Top Prod. Form 3116 Perfs 3117-3376
 Casing: Size 5 1/2 Wt. _____ Depth 3475 Acid _____
 Tubing: Size 2 3/8 Depth of Perfs 3408 Gravity 36 @ 60
 Pump: Type Common VALVE Bore 1 3/4 Purchaser FARMLAND
 Well Status Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special
 Flowing RECEIVED Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED 18 HOURS
 SHUT IN 6 HOURS

STATE CORPORATION COMMISSION

JUL - 6 1989

7/6/89

DURATION OF TEST _____ HOURS 24 MINUTES _____ SECONDS
 GAUGES: WATER _____ INCHES 79 PERCENTAGE
 OIL _____ INCHES 21 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 60.00
 WATER PRODUCTION RATE (BARRELS PER DAY) 47.40
 OIL PRODUCTION RATE (BARRELS PER DAY) 13 PRODUCTIVITY
 STROKES PER MINUTE 14
 LENGTH OF STROKE 48 INCHES
 REGULAR PRODUCING SCHEDULE 18 HOURS PER DAY.

COMMENTS

Test requested by Bob Blecha K.B.L.
D.F.B.

WITNESSES:

Maurice Miller
 FOR STATE

Steve Crawford
 FOR OPERATOR

FOR OFFSET

Delbert Bartholomew

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

Conservation Division

Form C-5 Revised

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 _____

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 Size	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								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Orifice (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

For State

For Company