

15-179-20906-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Rains & Williamson Oil Co. Inc. Lease In Low Well No. One

County Sheridan Location C-5/2-SW-NW- Section 36 Township 9 Range 26 Acres

Field LKC Reservoir LKC Pipeline Connection Clear Creek

Completion Date _____ Type Completion (Describe) _____ Plug Back T.D. 4120 Packer Set At _____

Production Method: _____ Type Fluid Production Oil API Gravity of Liquid/Oil 31 @ 60°

Flowing Pumping Gas Lift _____ Casing Size 4 1/2 Weight _____ I.D. _____ Set At 4119 Perforations 4058-4062 To _____

Tubing Size 2 3/8 Weight _____ I.D. _____ Set At 4058 Perforations _____ To _____

Pretest: Starting Date 3-14-88 Time _____ Ending Date 3-15-88 Time _____ Duration Hrs. 24

Test: Starting Date 6-28-88 Time 2:00 PM Ending Date 6-29-88 Time 2:00 PM Duration Hrs. 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
Pretest:	200	4142	7	1 1/2	142.78	7	3	142.78	0	2.51
Test:	"	4143	3	8	72.33	3	9 1/4	74.41	0	2.08
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. (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) DIVISION

Coef. (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. _____ Gas/Oil Ratio _____ Cubic Ft. per Bbl. _____
 Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____

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 Gilbert Balthezore For Company Mark Schippers