

15-193-20478-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

AUG 1 1989 Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 7-26-89
 Company: Anderson Energy Inc 7484 Lease: Bertrand Well No.: one-1
 County: Thomas Location: NE-SE-SE Section: 22 Township: 9 Range: 32W Acres:
 Field: OhL Reservoir: Nyriek Station Pipeline Connection: Farm Land
 Completion Date: 7-26-89 Type Completion (Describe): Pumping Plug Back T.D.: 4700 Packer Set At:
 Production Method: Pumping Type Fluid Production: Crude API Gravity of Liquid/Oil: 40 @ 60°
 Flowing Casing Size: 3 1/2 Weight: 4700 I.D.: Set At Perforations: To 4505 - 4512
 Tubing Size: 2" Weight: 4625 I.D.: Set At Perforations: To

Pretest: Starting Date 7-25-89 Time 9:00 AM Ending Date 7-26-89 Time 9:00 AM Duration Hrs. 24
 Test: Starting Date _____ Time _____ Ending Date _____ Time _____ Duration 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
1.67									
Pretest:	200 6277	8	3	165.27	8	7 1/4	172.36	8	7.09
Test:	200 6417	1	3 3/4	24.36	8	7	171.97		145.58
Test:									152.67

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	In.Merc.	Psig or (Pd)	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 √hw x 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: Gilbert Battagay For State: _____ For Company: Randy Loderburger