

15-179-20920-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT AUG 1 1988

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-9-88

Company Landmark Exp. #6113 Lease Boone Well No. 1-34 KCC ZAP

County Sheridan Location LKC. D. Zone Township 34-8-26 Range 40 Acres

Field Boone Reservoir LKC. Pipeline Connection Kock.

Completion Date 6-17-88 Type Completion (Describe) 3954 Plug Back T.D. Packer Set At

Production Method: Crude Oil API Gravity of Liquid/Oil 36.5 @ 75°

Flowing Pumping Gas Lift

Casing Size 4 1/2 Weight I.D. Set At Perforations To 3708-3712

Tubing Size 2 3/8 Weight I.D. Set At Perforations To 3731

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 8-9-88 Time 10:15 AM Ending Date 8-9-88 Time 2:15 PM Duration Hrs. 4

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	
<u>1.67</u>									
Pretest:									
Test:	<u>200</u>	<u>144638</u>	<u>7</u>	<u>7</u>	<u>151.94</u>	<u>8</u>	<u>2 1/2</u>	<u>164.44</u>	<u>0</u>
Test:								<u>12050 x 6 = 75.00</u>	

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	
	Size	Inches	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)

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 Flow Rate (R): 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 Guthrie Rathbun For State Mark Schipper For Company

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. _____ T _____ R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS
 SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE
 OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET