

15-179-20922-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

AUG 1 1988 Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:
 Company Northern Light Oil Co #5424 Pratt B Lease Well No. 1
 County Sherman Location SW-SE-NE Section 34 Township 8 Range 24 Acres 40
 Field Boone Reservoir L.K.C. Pipeline Connection Clear Creek
 Completion Date 5-31-88 Type Completion (Describe) 3925-PB-3776 Plug Back T.D. Packer Set At
 Production Method: Type Fluid Production Crude API Gravity of Liquid/Oil 36.7-76
 Flowing Pumping Gas Lift Casing Size 5 1/2 Weight I.D. Set At Perforations To 3722 to 3728
 Tubing Size 2 3/8 Weight I.D. Set At Perforations To 3730

Pretest: Starting Date Time Ending Date Time Duration Hrs.
 Test: Starting Date 8-9-88 Time 10:00 AM Ending Date 8-9-88 Time 2:00 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
1.67									
Pretest:									
Test:	200	4868	1	3	15.10	2	-	40.17	1.5 BBL.
Test:								15.07	x 6 = 90.42

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)

Coëff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)			√hw x Pm				

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: *Gilbert Daltroy* For State: _____ For Company: *Mark Shippers*

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