

15-193-20566-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 11-13-91

Company Raymond Oil Company Lease Ostmeier Well No. 1

County Thomas Location C nw SE Section 6 Township 10 Range 31 Acres 6

Field Albers SE Reservoir LKC Pipeline Connection Permian

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

Production Method: SPM 54 15-12 Type Fluid Production Oil API Gravity of Liquid/Oil 38

Flowing Pumping Gas Lift _____

Casing Size 5 1/2 Weight _____ I.D. _____ Set At 4614 Perforations To

Tubing Size 2 3/8 Weight _____ I.D. _____ Set At 4551 Perforations To

Pretest: _____ Duration Hrs. _____

Starting Date _____ Time _____ Ending Date _____ Time _____

Test: _____ Duration Hrs. _____

Starting Date 11-12-91 Time 2:45 pm Ending Date 11-13-91 Time 2:45 pm 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:									
<u>1 67/16</u>									
Test:	<u>200</u>	<u>4255</u>	<u>7</u>	<u>2</u>	<u>7</u>	<u>4 3/4</u>		<u>0</u>	<u>5</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range				Static Pressure		
Pipe Taps:	Flange Taps:	Differential:						
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester In. Merc.	Pressure (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. (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. 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 13 day of November 1991

For Offset Operator _____ For State Martin S. Miller For Company Ronald Foster