

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR RINE EXP. LOCATION OF WELL 5/2 N/2 NW
 LEASE JOHNSON OF SEC. 17 T 10 R 26 W
 WELL NO. 1-17 COUNTY SHERIDAN
 FIELD NOT ESTABLISHED YET PRODUCING FORMATION LKC
 Date Taken 7-6-89 Date Effective 7-6-89 JUL 1 1989
 Well Depth 4200 Top Prod. Form 3870 Perfs 3896-3901 3906-3910 4071-4075
 Casing: Size 4 1/2 Wt. _____ Depth 4199 Acid 3800 GAL. 15%
 Tubing: Size 2 3/8 Depth of Perfs _____ Gravity 36
 Pump: Type B.H.D. Bore 2 1/2" x 1 1/2" x 12' Purchaser INLAND
 Well Status PUMPING
 Pumping, Flowing, etc.

TEST DATA

Permanent Field Special _____
 Flowing Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 24 HOURS

SHUT IN _____ HOURS

DURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES 9 PERCENTAGE

OIL _____ INCHES 91 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 125

WATER PRODUCTION RATE (BARRELS PER DAY) 9

OIL PRODUCTION RATE (BARRELS PER DAY) 116 PRODUCTIVITY

STROKES PER MINUTE 9

LENGTH OF STROKE 64 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS THIS HOLE IS CONSIDERED TO BE A "TIGHT HOLE"
NEW FIELD STATUS IS BEING CONSIDERED

RECEIVED
STATE CORPORATION COMMISSION

JUL 11 1989

CONSERVATION DIVISION
Wichita, Kansas

WITNESSES:

Carl Goodious
FOR STATE

William Bittel
FOR OPERATOR

FOR OFFSET

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company _____ Lease _____ Well No. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

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

Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil _____

Flowing _____ Pumping _____ Gas Lift _____
 Casing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Tubing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Pretest: _____ Duration Hrs. _____

Starting Date _____ Time _____ Ending Date _____ Time _____

Test: _____ Duration Hrs. _____

Starting Date _____ Time _____ Ending Date _____ Time _____

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure _____ Separator Pressure _____ Choke Size _____

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									
Test:										

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			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)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	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 _____ day of _____ 19____

For Offset Operator

For State

For Company