

15-193-20488-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

N-P

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:

Company: A.L. Abercrombie Inc. Lease: Broeckelman Well No.: 1

County: Thomas Location: SW SW NE Section: 29 Township: 10 Range: 32 Acres:

Field: K.C. Reservoir: Pipeline Connection:

Completion Date: 11.15.89 Type Completion(Describe): Plug Back T.D.: 4400 Packer Set At: 4690

Production Method: 10x54 Type Fluid Production: oil API Gravity of Liquid/Oil: 35.3° @ 60°

Flowing: (Pumping) Gas Lift: Casing Size: 4 1/2 Weight: I.D.: Set At: 4687 Perforations: 4205-10 To: 4174-78

Tubing Size: 2 3/8 Weight: I.D.: Set At: 4391 Perforations: To:

Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.

Test: Starting Date: 1-24-90 Time: 10 AM Ending Date: 1-25-90 Time: 10 AM Duration Hrs.: 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
1.67										
Pretest:										
Test:	<u>250</u>	<u>7358</u>	<u>8</u>	<u>7 1/2</u>		<u>12</u>	<u>7 3/4</u>		<u>17</u>	<u>81</u>
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 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. (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 _____ day of _____ 19

For Offset Operator: _____ For State: Dale F. Balthazor For Company: E.L. Allen

STATE CORPORATION COMMISSION
 JAN 29 1990
 CONSERVATION DIVISION
 Wichita, Kansas