

15-167-22843-00-00

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR Frontier Oil Co. LOCATION OF WELL NW NW 5W
 LEASE Abbott OF SEC. 27 T 11 R 15
 WELL NO. 2 COUNTY Russell
 FIELD unnamed PRODUCING FORMATION Lansing
 Date Taken 6-20-89 Date Effective 6-20-89 JUN 1 1989
 Well Depth 3250 Top Prod. Form Lansing Perfs 3214-20
 Casing: Size 4 1/2" Wt. 9 1/2 # Depth 3400 Acid N/A
 Tubing: Size 2 3/8 Depth of Perfs 3210 Gravity 35 @ 71°
 Pump: Type insert Bore 2 x 1 1/4 x 10 Purchaser Clear Creek
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

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

STATUS BEFORE TEST:

PRODUCED 24 HOURS
 SHUT IN None HOURS

DURATION OF TEST 2 HOURS 25 MINUTES _____ SECONDS

GAUGES: WATER 20 INCHES 80 PERCENTAGE
 OIL 5 INCHES 20 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 10

WATER PRODUCTION RATE (BARRELS PER DAY) 8

OIL PRODUCTION RATE (BARRELS PER DAY) 2 PRODUCTIVITY

STROKES PER MINUTE 6

LENGTH OF STROKE 44 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS _____

WITNESSES:

Dennis L. Hamel FOR STATE
Paul Parker FOR OPERATOR
 _____ FOR OFFSET

Dale

RECEIVED
 STATE CORPORATION COMMISSION
 JUN 28 1989
 6-28-1989
 CONSERVATION DIVISION
 Wichita, Kansas

**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				
Casing:		Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										
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.	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)

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

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft.
 Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____ 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