

15-167-22838-00-00

STATE OF KANSAS - CORPORATION COMMISSION 6-1-1989
 PRODUCTION TEST & GOR REPORT

Conservation Division JUN 1 1989 Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Frontier O.I. Corporation Lease Abbott Well No. 1

County Russell Location NE corner Section 27 Township 11S Range 15W Acres 1

Field Unnamed Reservoir Arbuckle Limestone Pipeline Connection Cherokee

Completion Date 7-22-89 Type Completion (Describe) 3312 Plug Back T.D. 3312 Packer Set At 3312

Production Method: 2x1 1/2 x 10 Inset Type Fluid Production Crude Oil API Gravity of Liquid/Oil 34 @ 71°

Flowing (Pumping) Gas Lift Crude Oil

Casing Size 4 1/2" Weight 9.8 I.D. 3.820 Set At 3312 Perforations 3312 To 3312

Tubing Size 2 3/8" Weight 4.9 I.D. 2.2 Set At 3305 Perforations 3305 To 3305

Starting Date 6-20-89 Time 10:15 AM Ending Date 6-21-89 Time 10:15 AM Duration Hrs. 24

Test: Starting Date _____ Time _____ Ending Date _____ Time _____ Duration Hrs. _____

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure				Choke Size	
Casing:	Tubing:	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
Bbls./In.	Tank Size Number	Feet	Inches	Feet	Inches	Water	Oil
1.67							
Pretest:							
Test:	200 6396	7'	3"	8'	1"	16.70	2 16.70
Test:							17

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 In. Water	Tester Pressure 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 _____ 1989.

For Offset Operator _____ For State _____ For Company _____

RECEIVED
 STATE CORPORATION COMMISSION
 JUN 28 1989

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