

15-065-22460-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

NOV 1 1988

Form C-5 Revised

Conservation Division

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

Company: Thunderbird Dring. Lease: Ruder Well No.: A-1

County: Graham Location: NE-SW-5W Section: 18 Township: 10 Range: 24 Acres:

Field: Reservoir: K.C. 3722 Pipeline Connection: Clear Creek

Completion Date: Type Completion(Describe): Plug Back T.D.: 3823 3962 Packer Set At:

Production Method: 9x44 Type Fluid Production: oil API Gravity of Liquid/Oil: 35.5 @ 58

Flowing (Pumping) Gas Lift: Casing Size: 4 1/2 Weight: I.D.: Set At: 3855 Perforations: 3751 - 70 To:

Tubing Size: 2 3/8 Weight: I.D.: Set At: 3819 Perforations: To:

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

Test: Starting Date: 9-29-88 Time: 11:20 AM Ending Date: 9-30-88 Time: 11:20 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.	
1.67	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200 5/21								
Test:	200 5/22	1	7		5	8		0	82

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover	Tester Pressure	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	STATE CORPORATION COMMISSION	Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Critical Flow Prover	NOV 14 1988						
Orifice Well Tester	11-14-1988						

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Flow Rate (R): 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__

L.L. Adams
 For Offset Operator

Paul Balthazor
 For State

For Company