

15-109-20591-00-00

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR A. L. ABERCROMBIE INC LOCATION OF WELL 400' N 8375' W 1/4 NW NW 1/4
 LEASE MILLER OF SEC. 22 T 12 R 33 W
 WELL NO. 3 COUNTY LOGAN
 FIELD OWEN PRODUCING FORMATION K.C.I.
 Date Taken 11-1-95 Date Effective 11-1-95
 Well Depth 4770 Top Prod. Form 4176 Perfs 4176 - 4271'
 Casing: Size 4 1/2 Wt. 10.5 Depth 4413 Acid 4000 GAL.
 Tubing: Size 2 3/8 Depth of Perfs 4176 ⁵⁰⁷⁰ ~~4360~~ Gravity 39.2° ^{cor. 1.260°}
 Pump: Type Top Hole Down ^{METAL TO METAL} Bore 2" x 1 1/2" x 12" Purchaser Kecitt
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 24 HOURS
 SHUT IN 0 HOURS

DURATION OF TEST 24 HOURS 0 MINUTES 0 SECONDS

GAUGES: WATER 36 INCHES 59 PERCENTAGE
 OIL 25 INCHES 41 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 101.67 BBL

WATER PRODUCTION RATE (BARRELS PER DAY) 60 BBL

OIL PRODUCTION RATE (BARRELS PER DAY) 41.67 BBL PRODUCTIVITY

STROKES PER MINUTE 10

LENGTH OF STROKE 54" INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS _____

WITNESSES:

Carl Goodrow
FOR STATE

B. E. Sawlis
FOR OPERATOR

RECEIVED
FOR OFFSET

NOV 16 1995
11-16-95
SEVEN DIVISION REGISTRATION
WARRANTY 11 1995

**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	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)(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. _____
 Flow Rate (R): _____

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