

15-065-22361-0000

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

DEC 1 1988

Form C-5 Revised

Conservation Division **SPECIAL** TYPE TEST: (Initial) (Annual) Workover Reclassification TEST DATE: 12-6-88

Company ROUS OIL OPERATION Lease GANO Well No. 1

County GRAHAM Location SW Section 30 Township 10 Range 24W Acres 160

Field 1987 Reservoir 1987 Pipeline Connection CLEAR CREEK

Completion Date 1987 MAY Type Completion (Describe) PACKERLESS Plug Back T.D. 4100 Packer Set At ---

Production Method: Pumping Type Fluid Production OIL & WATER API Gravity of Liquid/Oil 33.6

Flowing Casing Size 5 1/2 Weight --- I.D. --- Set At 4099 Perforations 3852- To 3854

Tubing Size 2 1/2 Weight --- I.D. --- Set At 3800 Perforations --- To ---

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

Test: Starting Date 12-5-88 Time 2 PM Ending Date 12-6-88 Time 2 PM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size			
Casing:	Tubing:						
<u>0</u>	<u>5</u>						
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
<u>1.67</u>	Size Number	Feet	Inches	Feet	Inches	Water	Oil
Pretest:							
Test:	<u>250 4986</u>	<u>3</u>	<u>7"</u>	<u>5</u>	<u>5"</u>	<u>36.77</u>	<u>800 36.77</u>
Test:	<u>250 4987</u>						

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter		Differential:		Static Pressure:	
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:				
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester In. Water	Pressure (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)	Extension (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 ---

*Carl Goodwin* Ronald Nikelson  
For Offset Operator For State For Company

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