15-023-20042-00-00

STATE OF KANSAS – CORPORATION COMMISSION

FORM C-2
8-7-58

ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

TYPE TEST: ☐ Deliverability ☑ Open Flow TEST DATE: 2-28-86

COMPANY	LEASE	WELL NO.
E.P.T. Corporation	Swingardt	1-32

COUNTY	LOCATION	SECTION	TWP	RNG	ACRES
Cheyenne		32	2	41	

FIELD	RESERVOIR	PIPELINE CONNECTION
Wildcat	Niobrara	KN Energy

COMPLETION DATE	PLUG BACK TOTAL DEPTH	PACKER SET AT

CASING SIZE	WT.	I.D.	SET AT	PERF.	TO

TUBING SIZE	WT.	I.D.	SET AT	PERF.	TO

TYPE COMPLETION (Describe)	TYPE FLUID PRODUCTION

PRODUCING THRU	RESERVOIR TEMPERATURE F	BAR. PRESS – P_a
Tubing		14.4 Psia

GAS GRAVITY – G_g	% CARBON DIOXIDE	% NITROGEN	API GRAVITY OF LIQUID
.598			

VERTICAL DEPTH (H)	TYPE METER CONN.	(METER RUN)(PROVER) SIZE
	X.C.G	2

SHUT-IN PRESSURE: SHUT IN 2-24 19 86 AT _____ (AM)(PM) TAKEN 3-3 19 86 AT _____ (AM)(PM)

FLOW TEST: STARTED 3-3 19 86 AT _____ (AM)(PM) TAKEN 3-4 19 86 AT _____ (AM)(PM)

OBSERVED DATA

DURATION OF SHUT-IN _____ HR.

SHUT-IN OR FLOW	ORIFICE SIZE in.	(METER) (PROVER) PRESSURE psig	DIFF. in. $(h_w)(h_d)$	FLOWING TEMP. t	WELL-HEAD TEMP. t	CASING WELLHEAD PRESS. psig	CASING WELLHEAD PRESS. $(P_w)(P_t)(P_c)$ psia	TUBING WELLHEAD PRESS. psig	TUBING WELLHEAD PRESS. $(P_w)(P_t)(P_c)$ psia	DURATION HOURS	LIQUID PROD. Bbls.
SHUT-IN						2 194.0	211.4				
FLOW	1 1/2	3 78.0	4 22.0			5 94.0	108.4				

RATE OF FLOW CALCULATIONS

COEFFICIENT $(F_b)(F_p)$ Mcfd	(METER) PRESSURE psia	EXTENSION $\sqrt{P_m x h_w}$	GRAVITY FACTOR F_g	FLOWING TEMP. FACTOR F_t	DEVIATION FACTOR F_{pv}	RATE OF FLOW R Mcfd	GOR	G_m
6	7	8	9	10	11	12		
1.219	92.4	4.687	1.293	1.000	1.000	71.0		

.598

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

$(P_c)^2$ = 114.7 ; $(P_w)^2$ = 11.8 ; P_d = _____ % ; $(P_c - 14.4) + 14.4$ = _____ ; $(P_d)^2$ = 0.207 / _____

$(P_c)^2-(P_a)^2$ or $(P_c)^2-(P_d)^2$	$(P_c)^2-(P_w)^2$	$\frac{P_c^2-P_a^2}{P_c^2-P_d^2}$	LOG [ ]	"n"	n x LOG [ ]	ANTILOG	OPEN FLOW DELIVERABILITY EQUALS R x ANTILOG Mcfd
114.5	32.9	1.3526	.1312	.723	.0948	1.2440	88

OPEN FLOW 88 Mcfd @ 14.65 psia DELIVERABILITY Mcfd @ 14.65 psia

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___.

NOV 10 19__

Witness (if any)

For Company

20.51

For Commission

Checked by