

STATE OF KANSAS - CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Water 0

TYPE TEST: Deliverability Open Flow TEST DATE: *6-14-82*

COMPANY: *Centennial Energy* LEASE: *Bolling* WELL NO.: *1-8*

COUNTY: *Sherman* LOCATION: *nw 8* SECTION: *8* TWP: *8* RNG: *38* ACRES: *38*

FIELD: *Goodland Gas* RESERVOIR: *Nebraska* PIPELINE CONNECTION: *Kans Tub Nat Gas*

COMPLETION DATE: *12-4-79* PLUG BACK TOTAL DEPTH: *980* PACKER SET AT: _____

CASING SIZE: *2 7/8* WT. I.D. SET AT: *978* PERF. TO: *916*

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

TYPE COMPLETION (Describe): *Simple gas* TYPE FLUID PRODUCTION

PRODUCING THRU: *casing* RESERVOIR TEMPERATURE F BAR. PRESS - P_a : *14.4 Psia*

GAS GRAVITY - G_g : *.630* % CARBON DIOXIDE % NITROGEN API GRAVITY OF LIQUID

VERTICAL DEPTH (H) TYPE METER CONN.: *fl* (METER RUN)(PROVER) SIZE: *2*

SHUT-IN PRESSURE: SHUT IN *6-14* 19*82* AT (AM)(PM) TAKEN *6-17* 19*82* AT (AM)(PM)
FLOW TEST: STARTED *6-18* 19*82* AT (AM)(PM) TAKEN *6-19* 19*82* 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	CASINO WELLHEAD PRESS.		TUBING WELLHEAD PRESS.		DURATION HOURS	LIQUID PROD. Bbls.
						psig	(P _w)(P _i)(P _c) psia	psig	(P _w)(P _i)(P _c) psia		
SHUT-IN						44.0	58.4				
FLOW	.375	6.9	2.0			7.1	21.5				

RATE OF FLOW CALCULATIONS

COEFFICIENT (F ₁)(F ₂) Mcfd	(METER) (PROVER) 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	Q _m
.6860	21.3	6.5269	1.260	1.000	1.000	5.6		

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = *3.41* ; (P_w)² = *.46* ; P_d = _____ % (P_c - 14.4) + 14.4 = _____ (P_d)² = 0.207

$\frac{(P_c)^2 - (P_a)^2}{(P_c)^2 - (P_d)^2}$	$(P_c)^2 - (P_w)^2$	$\frac{P_c^2 - P_a^2}{P_c^2 - P_w^2}$	LOG []	"n"	"n" x LOG []	ANTILOG	OPEN FLOW DELIVERABILITY EQUALS R x ANTILOG Mcfd
3.21	2.95	1.0881	.0367	.718	.0263	1.0625	6

OPEN FLOW *6* Mcfd @ 14.65 psia DELIVERABILITY

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____.

Witness (if any) _____
For Commission

STATE CORPORATION COMMISSION
RECEIVED
JUL 1 1982
CONSERVATION DIVISION
Wichita Kansas
Checked by

** assumed slope*