

15-181-20093-00-00
STATE OF KANSAS - CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

FORM O-2
8-7-58

TYPE TEST: Deliverability Open Flow TEST DATE:

COMPANY: Goodland Gas Co., Inc. LEASE: Briney WELL NO.: 1-33

COUNTY: Sherman LOCATION: SW SW SE SECTION: 33 TWP: 7 RNG: 39W ACRES:

FIELD: Goodland Gas RESERVOIR: Niobrara Chalk PIPELINE CONNECTION: K. N. Energy

COMPLETION DATE: _____ PLUG BACK TOTAL DEPTH: _____ PACKER SET AT: _____

CASINO 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 14.4 Psia

GAS GRAVITY - G_g 5827 % CARBON DIOXIDE % NITROGEN API GRAVITY OF LIQUID

VERTICAL DEPTH (H) TYPE METER CONN. F (METER RUN) (PROVER) SIZE 2

SHUT-IN PRESSURE: SHUT IN _____ 19 AT _____ (AM)(PM) TAKEN _____ 19 AT _____ (AM)(PM)

FLOW TEST: STARTED _____ 19 AT _____ (AM)(PM) TAKEN _____ 19 AT _____ (AM)(PM)

OBSERVED DATA

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						28.3	42.7				
FLOW	.625	25.8	1.24	60		25.9	40.3				

RATE OF FLOW CALCULATIONS

COEFFICIENT (F _p)(F _d) Mcfd	(METER) (PROVER) PRESSURE psia	EXTENSION $\sqrt{P_m h_w}$	GRAVITY FACTOR F _g	FLOWING TEMP. FACTOR F _L	DEVIATION FACTOR F _{pv}	RATE OF FLOW R Mcfd	GOR	Q _m
1.914	40.2	7.06	1.31	1.0	1.011	17.90		

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = 1823.29 (P_w)² = 1624.09 P_d² = _____ % (P_c - 14.4) + 14.4 = _____ (P_a)² = 0.207 (P_d)² = _____

$\frac{(P_c)^2 - (P_a)^2}{(P_c)^2 - (P_d)^2}$	(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
1615.93	199.20	8.112	.9091	.718	.6527	4.495	80.46

OPEN FLOW 80 Mcfd @ 14.65 psia DELIVERABILITY 80.46 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__.

JUN 9 1987

Witness (if any)
Alejo Balthazar
 For Commission

Checked by _____
 STATE CORPORATION COMMISSION
 For Company
 Wichita, Kansas