

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

15-091-20230-0000

FORM O-2
8-7-58

19
6-20-83

TYPE TEST: Deliverability Open Flow TEST DATE: 8-4-83

COMPANY: Bogina Petroleum Engineers LEASE: Donham WELL NO.: 1

COUNTY: Johnson LOCATION: SE SECTION: 32 TWP: 13 RNO: 22E ACRES:

FIELD: RESERVOIR: PIPELINE CONNECTION:

COMPLETION DATE: 11-4-80 PLUG BACK TOTAL DEPTH: PACKER SET AT:

CASINO SIZE: WT. I.D. SET AT: 636-644 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: .588 % CARBON DIOXIDE: % NITROGEN: API GRAVITY OF LIQUID:

VERTICAL DEPTH (ft): TYPE METER CONN.: (METER RUN) (PROVER) SIZE: 2" orifice well tester

SHUT-IN PRESSURE: SHUT IN: 19 AT: 1700 (AM)(PM) TAKEN: 8-3 19 83 AT 1700 (AM)(PM)
FLOW TEST: STARTED: 8-3 19 83 AT 1715 (AM)(PM) TAKEN: 8-4 19 83 AT 1715 (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 ₁)(P _c) psia	psig	(P _w)(P ₁)(P _c) psia		
SHUT-IN								131	145.4		
FLOW	1/4	19						57	71.4	24	

RATE OF FLOW CALCULATIONS

COEFFICIENT (P _w) ² / (P _d) ² Mafd	(METER) (PROVER) PRESSURE psia	EXTENSION √P _w h _w	GRAVITY FACTOR γ _g	STATE CORPORATION COMMISSION RECEIVED JUN - 1 1989 CONSERVATION DIVISION Wichita, Kansas	DIFFERENTIATION FACTOR	RATE OF FLOW R Mafd	GOR	G _m
	2" orifice well tester		1.304			46		

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_e)² = 21.1, (P_w)² = 5.1, P_d = 49.1, (P_c - 14.4) + 14.4 = 145.4, (P_d)² = 0.20720.9

(P _e) ² - (P _w) ²	(P _e) ² - (P _w) ²	$\frac{(P_e^2 - P_w^2)}{P_e^2 - P_d^2}$	LOG []	"n"	n x LOG []	ANTILOG	OPEN FLOW DELIVERABILITY EQUALS R x ANTILOG Mafd
20.9	15.8	1.32278	.121489	.850	.103266	1.26843	58.3

OPEN FLOW 58 Mafd @ 14.65 psia DELIVERABILITY Mafd @ 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__.

Witness (if any)

For Company

For Commission

Checked by