

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

TYPE TEST: Deliverability Open Flow TEST DATE: September 17, 1983

COMPANY Danranco LEASE Bleakley WELL NO. 6

COUNTY Johnson LOCATION SECTION 33 TWP 13S RNO 23E ACRES 10

FIELD RESERVOIR Noftown & Upper Squirrel PIPELINE CONNECTION None - New Well

COMPLETION DATE PLUG BACK TOTAL DEPTH PACKER SET AT

CASING SIZE WT. I.D. SET AT PERF. TO
4.500 9.5 323 608

TUBING SIZE WT. I.D. SET AT PERF. TO
2.063 3.2

TYPE COMPLETION (Describe) TYPE FLUID PRODUCTION
Dual

PRODUCING THRU RESERVOIR TEMPERATURE F BAR. PRESS - P_a
Tubing 122 14.4 Psia

GAS GRAVITY - G_g % CARBON DIOXIDE % NITROGEN API GRAVITY OF LIQUID
0.650 (A) N/A N/A

VERTICAL DEPTH (H) TYPE METER CONN. ~~XXXXXX~~ (PROVER) SIZE
466

SHUT-IN PRESSURE: SHUT IN Sept. 16 19 83 AT AM (AM)(PM) TAKEN Sept. 17 19 83 AT AM (AM)(PM)
FLOW TEST: STARTED Sept. 17 19 83 AT AM (AM)(PM) TAKEN Sept. 17 19 83 AT PM (AM)(PM)

OBSERVED DATA

DURATION OF SHUT-IN _____ HR.

SHUT-IN OR FLOW	ORIFICE SIZE in.	XXXXXX (PROVER) PRESSURE psig	DIFF. in. (h _w)(h _d)	FLOWING TEMP. t	WELL-HEAD TEMP. t	CASING WELLHEAD PRESS		TUBING WELLHEAD PRESS		DURATION HOURS	LIQUID PROD. Bbls.
						psig	(P _c)(P _c) psia	psig	(P _w)(P _w)(P _c) psia		
SHUT-IN						78	92.4	78	92.4	24	
FLOW	.250	67	N/A	60	60	67	81.4	67	81.4	6	N/A

RATE OF FLOW CALCULATIONS

COEFFICIENT (F _p)(F _e) Mcfd	XXXXXX (PROVER) PRESSURE psia	EXTENSION $\sqrt{P_m \times h_w}$	GRAVITY FACTOR F _g	FLOWING TEMP. FACTOR F _t	DEVIATION FACTOR F _{pv}	RATE OF FLOW R Mcfd	GOR
1.115	81.4	N/A	1.240	1.000	1.010	114	N/A

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = 85.4 (P_w)² = 66.3 P_d = _____ % (P_c - 14.4) + 14.4 = _____ (P_w)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
	19.1		4.4712	0.850	3.8005	3.5716	407,161

OPEN FLOW 407.2 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____.

Witness (if any)

For Company

RECEIVED
STATE CORPORATION COM
MAR 12 1984
03-12-84
CONSERVATION DIVISION
Wichita, Kansas