

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-051-24544-0000

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: D G HANSEN Lease: SCHUSTER Well No.: 1

County: ELLIS Location: NENESE Section: 1 Township: 13 Range: 20 Acres: 160

Field: "WILDCAT" Reservoir: K.C. Pipeline Connection: FARMLAND

Completion Date: 4-7-88 Type Completion (Describe): 3758 Plug Back T, D.: NOVE Packer Set At:

Production Method: Pumping Type Fluid Production: OIL API Gravity of Liquid/Oil: 35 @ 60°

Flowing Casing Size: 5 1/2 Weight: 14 I.D.: 5" Set At: 3800 Perforations: 3483-3683 To:

Tubing Size: 2 1/2 Weight: 4746 1/2 I.D.: 4 1/2 Set At: 4746 1/2 Perforations: 4746 1/2 To:

Pretest: Starting Date: 5-4-88 Time: 9 AM Ending Date: 5-5-88 Time: 9 AM Duration Hrs.: 24

Test: Starting Date: 5-4-88 Time: 9 AM Ending Date: 5-5-88 Time: 9 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size					
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.			
<u>2.61"</u>	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	<u>250</u>	<u>2485</u>	<u>11</u>		<u>4</u>	<u>5</u>		<u>0</u>	<u>110</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range			Static Pressure:		
Pipe Taps:	Flange Taps:	Differential:	Meter-Prover-Tester Pressure		Diff. Press.	Gravity	Flowing	
Measuring Device	Run-Prover-Tester Size	Orifice Size	In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD: _____ Oil Prod. Bbls./Day: _____ Gas/Oil Ratio (GOR) = _____ Cubic Ft. per Bbl.:

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 7 day of JUNE 1988

For Offset Operator: _____ For State: Carl Goodrow For Company: Hand