

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-051-24544-0000

MAY 1 1988

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 5-5-88

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

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

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

Completion Date: 4-7-88 Type Completion (Describe): Plug Back T.D., 3758 Packer Set At: NONE

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: I.D.: 3746 1/2 Set At: 3740 Perforations: 3740 To:

Pretest: 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:	<u>0</u>	Tubing:	<u>0</u>	<u>2.61 bbl/pick</u>					
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	<u>250</u>	<u>2485</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>6</u>		<u>0</u>	<u>35</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range				
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)		
Orifice Meter							RECEIVED STATE CORPORATION COMMISSION	
Critical Flow Prover							<u>05-18-88</u>	
Orifice Well Tester							<u>MAY 18 1988</u>	

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Pm)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. (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 5 day of May, 1988

For Offset Operator: _____ For State: Carl Gooden For Company: Harold Brown

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