

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-195-01019-000 *R*
 Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 12-16-90

Company DECAB Company Lease L. LOCKER Well No. 1

County TREGO Location SESESE Section 32 Township 13 Range 21W Acres

Field LOCKER Reservoir Cherokee Pipeline Connection Pennam

Completion Date 10-17-90 Type Completion(Describe) Plug Back T.D. 4113 Packer Set At

Production Method: 5pm:11 LS 54 Type Fluid Production oil API Gravity of Liquid/Oil 38@60

Flowing (Pumping) Gas Lift

Casing Size 5 1/2 Weight I.D. Set At 4115 Perforations 4040 To 4043

Tubing Size 2 3/8 Weight I.D. Set At 4112 Perforations 4045 To 4050

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 12-5-90 Time 2:00 PM Ending Date 12-16-90 Time 2:00 PM 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.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>250</u>	<u>24171</u>	<u>7</u>	<u>2 1/4</u>		<u>11</u>	<u>2 1/4</u>			<u>80</u>
Test:	<u>200</u>	<u>H2O</u>	<u>4</u>	<u>8</u>		<u>5</u>	<u>0</u>		<u>7</u>	

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.	Gravity	Flowing	
			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. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Orifice (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. _____

Flow Rate (R): _____

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 6 day of Dec 1990

For Offset Operator _____ For State Maurice D. Miller For Company Thomas J. Genger

RECEIVED
 STATE CORPORATION COMMISSION
 12-22-90
 DEC 21 1990