

15-063-21128-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

JAN 1 1989

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Falcon Exp. - Inc. Lease Shively Well No.

County 9/2-9W-9W Location Section 30 Range 13 Acres 29

Field Mississippi Reservoir Clear Creek Pipeline Connection

Completion Date 4645 Type Completion (Describe) Plug Back T.D. Packer Set At

Production Method: Pumping Type Fluid Production Crude API Gravity of Liquid/Oil 31

Flowing Pumping Gas Lift Casing Size 5 1/2 Weight 14 I.D. 4604 Set At Perforations To

Tubing Size 2 3/8 Weight I.D. 4524 Set At Perforations To 4519-26

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 1-12-89 Time 9:00 A Ending Date 1-12-89 Time 1:00 P Duration Hrs. 4

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: 0 Tubing: 0

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
<u>1.67</u>										
Pretest:	<u>200</u>	<u>4135</u>	<u>2</u>	<u>—</u>	<u>40.</u>	<u>2</u>	<u>1/2</u>	<u>40.78</u>	<u>21.12</u>	<u>2.88</u>
Test:										
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 (Psig or (Pd))	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter						
Critical Flow Prover						
Orifice Well Tester						

GAS FLOW RATE CALCULATIONS (R)

Coeff. (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)
		<u>2.88</u>				

Gas Prod. MCFD Oil Prod. Bbls./Day: 2.88 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 _____ day of _____ 19____

For Offset Operator _____ For State _____ For Company _____