

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-199-20210-0000

NP

Form C-5 Revised

Conservation Division

TEST DATE: 5-10-95

TYPE TEST: Initial Annual Workover Reclassification

Company: BANKS Oil Co. Lease: KUDER Well No.: 1-32

County: WALLACE Location: 02 n2 nw Section: 32 Township: 15 Range: 41 Acres: _____

Field: _____ Reservoir: MORROW Pipeline Connection: KOCH

Completion Date: 1-5-94 Type Completion(Describe): _____ Plug Back T.D.: 5250 Packer Set At: _____

Production Method: SPM: 7 LS 54 Type Fluid Production: _____ API Gravity of Liquid/Oil: _____

Flowing Pumping Gas Lift _____

Casing Size: 5 1/2 Weight: _____ I.D.: _____ Set At: 5279 Perforations: 5074-78 To: 39

Tubing Size: 2 7/8 Weight: _____ I.D.: _____ Set At: 5118 Perforations: 5082-89 To: _____

Pretest: _____ Duration Hrs.: _____

Starting Date: _____ Time: _____ Ending Date: _____ Time: _____

Test: _____ Duration Hrs.: _____

Starting Date: 5-9-95 Time: 12:15 pm Ending Date: 5-10-95 Time: 12:15 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:										
1.67/in										45
Test:	300	234046	3	11		6	2		160	
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 In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	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)

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 10th day of May, 1995

For Offset Operator: _____ For State: Mark Miller For Company: Kevin Henschel