

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-171-20264-0000

Conservation Division

Form C-5 Revised

TYPE TEST: Initial  Annual Workover Reclassification TEST DATE: 1/18/84

Company: Anadarko Production Co. Lease: Crist "C" Well No.: 1

County: Scott Location: 1980 FNL 1330 FWL Section: 25 Township: 20S Range: 34W Acres:

Field: White Woman Creek Reservoir: Morrow Pipeline Connection: J-M Petroleum

Completion Date: Type Completion (Describe): Single Oil Plug Back T.D.: 4849' Packer Set At:

Production Method: Flowing  Pumping  Gas Lift  Type Fluid Production: Oil API Gravity of Liquid/Oil: 31.0 @ 70"

Casing Size: 4 1/2" Weight: 10.5# I.D.: 4.052" Set At: 4915' Perforations: To 4714' - 4718'

Tubing Size: 2 3/8" Weight: 4.7# I.D.: 1.995" Set At: 4685' Perforations: To

Pretest: Starting Date: Ending Date: Duration Hrs.:

Test: Starting Date: 1/18/84 Time: 1:00 PM Ending Date: 1/19/84 Time: 1:00 PM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	0	Tubing:	0	Equipment supplied by Propane			Pumping			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
1.67	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	300	North	6	1	121.91	6	5	128.59	-0-	6.68
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press.	Gravity Gas	Flowing Temp.	
Orifice Meter			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	(Gg)	(t)
Critical Flow Prover		No Gas					2.00	1-2684
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Pm)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(Fb)	(Fp)	(OWTC)	Press. (Psia)	√hw x Pm			

Gas Prod. MCFD: Oil Prod. Bbls./Day: 7 Gas/Oil Ratio (GOR) = Cubic Ft. per Bbl.

Flow Rate (R): -0-

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 19th day of January 1984

For Offset Operator: For State: For Company: