

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-025-20878-0000
 Form C-5 Revised
 TEST DATE: 2-22-82

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification

Company: Calvin Exploration Inc. Lease: MC Millior Well No. 1

County: Clark Co. Location: Section 33 Township 33 Range 23 W Acres

Field: MC Millior Reservoir: Lingo Pipeline Connection: U.P.G.

Completion Date: 12-12-81 Type Completion (Describe): Single Plug Back T.D.: 4940 Packer Set At: 4914

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil API Gravity of Liquid/Oil: 34.5 60°

Casing Size: 4 1/2 Weight: 10.5 I.D. Set At 5185 Perforations To 4450

Tubing Size: 2 3/8 Weight: 4.7 I.D. Set At 4974 Perforations To 4934

Pretest: Starting Date 2-21-82 Time 11 AM Ending Date 2-22-82 Time 11 AM Duration Hrs. 24

Test: Starting Date 2-22-82 Time 11 AM Ending Date 2-23-82 Time 11 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size						
Casing	Tubing	Pump 2 X 1 1/4 X 16'								
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.				
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									105	
Test:	300	312	3	1		3	6		105	8.35
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				Static Pressure:		
Pipe Taps:	Flange Taps:	Differential:	Diff. Press.		Gravity	Flowing			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester Press. In. Merc.	Pressure (hd)	Gas (Gg)	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)
	non					

Gas Prod. MCFD: 0 Oil Prod. Bbls./Day: 8 Gas/Oil Ratio (GOR) = 0 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__

K Brabey

Elmer Ford

For Offset Operator

For State

For Company