

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-101-21626-80010
 11

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Heller Drilling Lease Christian Church Well No. 1

County Lane Location NW 9 E SW Section 5 Township 16 S Range 27 W Acres 240

Field Wildcat Reservoir Lansing KC Pipeline Connection Texaco Tradini

Completion Date 2-18-94 Type Completion (Describe) Single Plug Back T.D. 4458 Packer Set At None

Production Method: Flowing Pumping Gas Lift Type Fluid Production Oil API Gravity of Liquid/Oil 39

Casing Size	Weight	I.D.	Set At	Perforations	To
<u>5 1/2"</u>	<u>14 #</u>	<u>5"</u>	<u>4548</u>	<u>4198 - 4142</u>	
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 3/8</u>	<u>4.7</u>	<u>2"</u>	<u>4149</u>		

Pretest: Starting Date 12-12-94 Time 1:00 Ending Date 12-12-94 Time 1:00 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
<u>1.67</u>									
Pretest:									
Test:	<u>210</u>	<u>28120</u>	<u>3</u>	<u>10</u>	<u>76.82</u>	<u>4</u>	<u>4</u>	<u>86.84</u>	<u>10.02</u>
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		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover	<u>No gas</u>							
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)			$\sqrt{hw \times Pm}$				

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 10 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 12 day of December 1994

For Offset Operator Richard M. Lacey For State Don Winter For Company

RECEIVED
 STATE CORPORATION COMMISSION
 DEC 14 1994
 INFORMATION DIVISION