

15-171-20466-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

FAX *David R*
 272-0384
 Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:

Company *Mc Coy* Lease *Feier Tag* Well No. *A-4-15*

County *Sw HA* Location *SE SW* Section *15* Township *19* Range *33* Acres

Field *Lansing* Reservoir *Koch* Pipeline Connection

Completion Date *7-18-94* Type Completion (Describe) *Oil Smith* Plug Back T.D. *4702* Packer Set At

Production Method: *Pumping* Type Fluid Production *Oil w/h* API Gravity of Liquid/Oil *26*

Flowing *(Pumping)* Gas Lift Casing Size *5 1/2"* Weight *15.5* I.D. Set At *4743* Perforations *4074* To *4082*

Tubing Size *2 3/8"* Weight *4.7* I.D. Set At *4163* Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date *7-28-94* Time *11:15* Ending Date *7-29-94* Time *11:05* 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.		
<i>167</i>	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil	
Pretest:										
Test:	<i>200</i>	<i>376</i>	<i>3</i>	<i>3</i>	<i>65.13</i>	<i>5</i>	<i>9</i>	<i>15.23</i>	<i>8</i>	<i>50.1</i>
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								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: *50.1* 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 *29th* day of *July* 19*94*

For Offset Operator For State For Company