

2023
3N

15-101-21546-0001

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 8-18-93
 Company: W. J. Petroleum Lease: Kerkhoff Well No. 1
 County: Lane Location: W 1/2 SW NW Section: 16 Township: 16 Range: 29 Acres
 Field: Jennison Wash Reservoir: Lansing K. Pipeline Connection: Koch
 Completion Date: 4-30-93 Type Completion (Describe): Drill Port Plug Back T.D.: 4497 Packer Set At
 Production Method: Pumping Type Fluid Production: Oil API Gravity of Liquid/Oil: 39.5
 Flowing Casing Size: 4 1/2 Weight: 10.5 I.D.: 4497 Set At: 4076 Perforations: 4080 To
 Tubing Size: 2 3/8 Weight: 4.7 I.D.: 4042 Set At: 4042 Perforations: To
 Pretest: Starting Date: _____ Time _____ Ending Date _____ Time _____ Duration Hrs. _____
 Test: Starting Date: 8-18-93 Time _____ Ending Date: 8-19-93 Time _____ 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:										
Test:	<u>200</u>	<u>240024</u>	<u>1</u>	<u>0</u>	<u>2001</u>	<u>2</u>	<u>2</u>	<u>4342</u>	<u>38</u>	<u>23.38</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 In. Water	In. Merc.	Psig or (Pd)	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. MCFD (Fb)(Fp)(CWTC)	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: 23.38 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 19th day of Aug 1993

For Offset Operator: _____ For State: _____ For Company: _____

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CORPORATION COMMISSION
AUG 23 1993
CONSERVATION DIVISION
Wichita, Kansas