

15-135-23762-0000

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR Bankoff oil co LOCATION OF WELL 50' E of SWSWSW
 LEASE Bianco OF SEC. 7 T 16S R 21W
 WELL NO. 1-7 COUNTY Ness
 FIELD Wildcat PRODUCING FORMATION Cherokee
 Date Taken 8-11 & 12-93 Date Effective _____
 Well Depth 4350 Top Prod. Form 4 Perfs _____
 Casing: Size 5 1/2 Wt. 14 # Depth 4349 Acid _____
 Tubing: Size 2 3/8 Depth of Perfs 4267-61 Gravity _____
 Pump: Type insert Bore 1 1/2" Purchaser EXXCO
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field Special _____
 Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED _____ HOURS
 SHUT IN _____ HOURS
 DURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDS _____
 GAUGES: WATER _____ INCHES 9 PERCENTAGE
 OIL _____ INCHES 91 PERCENTAGE
 GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____
 WATER PRODUCTION RATE (BARRELS PER DAY) 1.5
 OIL PRODUCTION RATE (BARRELS PER DAY) 15.2 PRODUCTIVITY
 STROKES PER MINUTE 6
 LENGTH OF STROKE 64" INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.
 COMMENTS mail copy to operator Boy #374 Great Bend
7. Eldon Reed

WITNESSES:

Dean Rankin
 FOR STATE
Eldon Reed
 FOR OPERATOR

FOR OFFSET
RECEIVED
 STATE CORPORATION COMMISSION

AUG 17 1993

CONSERVATION DIVISION
 Wichita, Kansas

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company _____ Lease _____ Well No. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

Completion Date _____ Type Completion(Describe) _____ Plug Back T.D. _____ Packer Set At _____

Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil _____

Flowing Pumping Gas Lift
Casing Size Weight I.D. Set At Perforations To

Tubing Size Weight I.D. Set At Perforations To

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

Test: _____ Duration Hrs. _____
Starting Date Time Ending Date Time

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:	200	28/23	3.	4.25	67.2	4	1.5	82.4	1.5	15.2
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections _____ Orifice Meter Range _____

Pipe Taps:	Flange Taps:	Orifice	Meter-Prover-Tester Pressure	Differential:	Static Pressure:	Gravity	Flowing
Measuring Device	Run-Prover-Tester Size	Orifice Size	In.Water In.Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Temp. (t)	
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (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)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: _____ 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 _____ day of _____ 19____

For Offset Operator

For State

For Company