

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-171-20332-0000 V
 Form C-5 Revised

Conservation Division

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

Company Donald C Slanson Oil Lease French Well No. 1

County Scott Location SW-SW-NW Section 36 Township 17s Range 31w Acres _____

Field Manning North West Reservoir _____ Pipeline Connection Inland Crude

Completion Date 6-26-96 Type Completion (Describe) Cased Hole Perforated Plug Back T.D. 4555 Packer Set At None

Production Method: Pumping Type Fluid Production Oil API Gravity of Liquid/Oil 36

Flowing Casing Size	Weight	I.D.	Set At	Perforations	To
<u>4 1/2"</u>	<u>10.5</u>	<u>4"</u>	<u>4614</u>	<u>4259</u>	<u>4262</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 3/8</u>	<u>4.716</u>	<u>2"</u>	<u>4257</u>	<u>4258</u>	<u>4260</u>

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

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

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>6326</u>	<u>1</u>	<u>2</u>	<u>52</u>	<u>6</u>	<u>3</u>	<u>105.01</u>	<u>70</u>	<u>105.01</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover-Tester	Pressure	Diff. Press.	Gravity	Flowing	
	Size		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) (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 _____

09-25-80