

15-135-23426-00-00

4' 3 1/4"

3' 3"

N.P.

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR N.C.R.A. LOCATION OF WELL C NW SW
LEASE Anspaugh OF SEC. 24 T 18 R 25
WELL NO. 1 COUNTY NESS
FIELD _____ PRODUCING FORMATION Miss.

Date Taken 5-17-90 Date Effective _____
Well Depth 7506' Top Prod. Form 4407' Perfs 7408-12; 7414-18
Casing: Size 5 1/2" Wt. 15.5 # Depth 7505' Acid NO
Tubing: Size 2 7/8" Depth of Perfs 7385' Gravity 43°
Pump: Type Insert Bore 1 1/2" Purchaser Clear Creek
Well Status Pumping
Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 24 HOURS
SHUT IN 0 HOURS
DURATION OF TEST 24 HOURS 0 MINUTES 0 SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE
OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 46.5
WATER PRODUCTION RATE (BARRELS PER DAY) 33.5
OIL PRODUCTION RATE (BARRELS PER DAY) 13 PRODUCTIVITY
STROKES PER MINUTE 9
LENGTH OF STROKE 34 INCHES
REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.
COMMENTS _____

WITNESSES:

Don Jordan FOR STATE
Steve Bracke FOR OPERATOR
FOR OFFSET

RECEIVED
STATE CORPORATION COMMISSION

MAY 22 1990

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:										
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Orifice	Meter-Prover-Tester Pressure			Differential:	Static Pressure:	
Measuring Device	Run-Prover-Tester Size	Size	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)(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