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PRODUCTIVITY TEST
BARREL TEST

OPERATOR Argent Energy, Inc. 30269 LOCATION OF WELL C, N/3 SE, NW
 LEASE Elmore "A" OF SEC. 26 T 16 S R 20 W
 WELL NO. 1 COUNTY Rush
 FIELD Wild cat PRODUCING FORMATION Arb.
 Date Taken 12-11-91 Date Effective _____
 Well Depth 3945 Top Prod. Form 3866 Perfs 3868-70, 3874-78
 Casing: Size 5 1/2" Wt. 14.5 # Depth 3944 Acid NO
 Tubing: Size 2 3/8" Depth of Perfs 3922 Gravity 40.5
 Pump: Type Insert Bore 1 1/2" Purchaser Koch
 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) 130
 WATER PRODUCTION RATE (BARRELS PER DAY) 120
 OIL PRODUCTION RATE (BARRELS PER DAY) 10 PRODUCTIVITY
 STROKES PER MINUTE 14
 LENGTH OF STROKE 48 INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.
 COMMENTS _____

WITNESSES:

Dan Johnson FOR STATE
Sean Kimmel FOR OPERATOR
 _____ FOR OFFSET

RECEIVED
STATE CORPORATION COMMISSION

12-18-91
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:		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)(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