

15-035-21971-0007

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE:
 Company Special Energy Lease Olsen Well No. B-1
 County Cowley Location NE/4 Section 1 Township 35 Range 7E Acres
 Field Layton Reservoir Layton Pipeline Connection Total
 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 5 1/2 Weight I.D. 5.0 Set At Perforations To
 Tubing Size 2 7/8 Weight 6.5 I.D. 2.5 Set At Perforations To

Pretest: Starting Date 8-1-90 Time 10:15 A Ending Date 8-3-90 Time 10:15 Duration Hrs. 48
 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:	<u>300 6181</u>	<u>9</u>	<u>4 1/8</u>	<u>136.66</u>	<u>12</u>	<u>0 1/8</u>	<u>240</u>	<u>400</u>	<u>54</u>
Test:	<u>300 6185</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 In. Water	Pressure 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)

Coëff. (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 Flow Rate (R): Oil Prod. Bbls./Day: 27 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 8-1-90 day of 8-3 1990
 For Offset Operator [Signature] For State [Signature] For Company [Signature]

AUG 8 1990

Form C-5 (5/88)