

15-077-20610-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual X Workover Reclassification TEST DATE: 5/2/88

Company: Edmiston Oil Co., Inc. Lease: Davis 'A' Well No.:

County: Harper Location: Section 8 Township 32 Range 9 Acres:

Field: Spivey-Grabs-Basil Reservoir: Mississippi Pipeline Connection: Oxy Cities Service NGL Inc.

Completion Date: 11/1/80 Type Completion(Describe): Plug Back T.D. Packer Set At:

Production Method: Flowing Pumping X Gas Lift Type Fluid Production: Oil API Gravity of Liquid/Oil:

Casing Size: Weight I.D. Set At Perforations To:

Tubing Size: Weight I.D. Set At Perforations To:

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

Test: Starting Date 5/1/88 Time Ending Date 5/2/88 Time Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size:

Casing:	Tubing:		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
1.67										
Pretest:										
Test:	200	114117	6	6		7	0			6.7
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 In.Water In.Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	.875		41	3	.67715 1158°
Critical Flow Prover						
Orifice Well Tester						STATE COMMISSION STATE OF KANSAS OCT 5 1988 10-25-88

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 Flow Rate (R): 58 Oil Prod. Bbls./Day: 6.7 Gas/Oil Ratio (GOR) = 8.657 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 21st day of October 19 88

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____

LEASE _____ OF SEC. _____ T _____ R _____

WELL NO. _____ COUNTY _____

FIELD _____ PRODUCING FORMATION _____

Date Taken _____ Date Effective _____

Well Depth _____ Top Prod. Form _____ Perfs _____

Casing: Size _____ Wt. _____ Depth _____ Acid _____

Tubing: Size _____ Depth of Perfs _____ Gravity _____

Pump: Type _____ Bore _____ Purchaser _____

Well Status _____

Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____

Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET