

15-077-20632-0000
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 11-29-86

Company F. H. Wood Lease Dusenbury C Well No. 1

County HP Location 4 Section 4 Township 32 Range 9 Acres

Field Miss Reservoir Miss Pipeline Connection Koch-C-S

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:		Starting Gauge		Ending Gauge		Net Prod. Bbls.		
Bbls./In.	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	114693	2	0		2	3			5
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 In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	3/4		40#	9"		
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)
2.740.		18.9	1.240.			

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft. per Bbl. _____

Flow Rate (R): 64 MCF Bbls./Day: 8.5 (GOR) = 12.8

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 11 day of 29 1986

For Offset Operator _____ For State _____ For Company Marvin Fatio