

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

Conservation Division

RECEIVED

Form C-5 Revised

TYPE TEST: Initial ~~State~~ Annual ~~Production~~ Workover, Reclassification TEST DATE: 11-16-87

Company: EA Woods Lease: Dusenberry Well No.: C-1

County: Harper Location: 4 32 9 Section: 4 Township: 32 Range: 9 Acres: 9

Field: Spivey? CONSERVATION DIVISION: MISS Pipeline Connection: Koch-Cities

Completion Date: 11-16-87 Type Completion (Describe): MISS Plug Back T.D.: MISS Packer Set At: MISS

Production Method: Type Fluid Production API Gravity of Liquid/Oil: MISS

Flowing MISS Pumping MISS Gas Lift MISS

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

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

Pretest: Starting Date: 11-16-87 Time: MISS Ending Date: 11-17-87 Time: MISS Duration Hrs.: MISS

Test: Starting Date: 11-16-87 Time: MISS Ending Date: 11-17-87 Time: MISS Duration Hrs.: MISS

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:	200	114692	6	9		6	10			1.67
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	.750			46	7		
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm) / hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD: 60 MCF Oil Prod. Bbls./Day: 1.67 Gas/Oil Ratio (GOR) = 35.9 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 17 day of 11 1987

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