

15-077-20396-0000

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.

GRAVES DRILLING CO., INC Maroney #1
 County Location Section Township Range Acres

Harper C SE NE 4-32S-9W 40

Field Spivey-Grabs Reservoir Mississippian Pipeline Connection OXY USA

Completion Date 1-19-77 Type Completion(Describe) Single Plug Back T.D. Packer Set At none

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

Flowing Pumping x Gas Lift Oil & Water 25.4
 Casing Size Weight I.D. Set At Perforations To

5 1/2 15 1/2 4360' 4369' to 4372'
 Tubing Size Weight I.D. Set At Perforations To

2 3/8

Pretest: Starting Date 5-23 Time 8:00 Ending Date 5-24 Time 8:00 Duration Hrs. 24

Test: Starting Date 5-24 Time 8:00 Ending Date 5-25 Time 8:00 Duration Hrs. 24

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:	200	47107	2	3	45.01	2	4	46.69	20	1.67
Test:	200	47107	2	4	46.69	2	5	48.36	20	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		Diff. Press. (hw for. hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc. Psig or (Pd)			
Orifice Meter		1/2"				.670	
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (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: 1.67 Gas/Oil Ratio (GOR) = 17,964 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 June, 1990

For Offset Operator For State For Company

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