

15-877-28821-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Lease Well No.

GRAVES DRILLING CO., INC. Helen #1

County Location Section Township Range Acres

Harper S $\frac{1}{2}$ S $\frac{1}{2}$ S $\frac{1}{2}$ 4-32S-9W 140

Field Reservoir Pipeline Connection

Spivey-Grabs(Non Prorated) Mississippian OXY USA

Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At

8-13-82 Single none

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

Flowing Pumping x Gas Lift Oil & Water 25.1

Casing Size Weight I.D. Set At Perforations To

5 $\frac{1}{2}$ 15 $\frac{1}{2}$ 4366' 4312' to 4332'

Tubing Size Weight I.D. Set At Perforations To

2 1/2"

Pretest: Starting Date 5-28-92 Time 8:00 a Ending Date 5-29-92 Time 8:00 a Duration Hrs. 24

Test: Starting Date 5-29-92 Time 8:00 a Ending Date 5-30-92 Time 8:00 a 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 | 126228 | 7 | 10 | 156.08 | 7 | 10 $\frac{1}{2}$ | 156.91 | 80 | .83 |
| Test: | 200 | 126228 | 7 | 10 $\frac{1}{2}$ | 156.91 | 7 | 11 | 157.74 | 80 | .83 |
| 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 (A) | | Dist. Press. (In. Hg) | Gravity Gas (Gg) | Flowing Temp. (t) |
|----------------------|------------------------|--------------|----------------------------------|------------------------|-----------------------|------------------|-------------------|
| | | | In. Water | In. Merc. Psig or (Pd) | | | |
| Orifice Meter | | 5/8" | | | | .662 | |
| 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) |
|-----------------------|--------------------------------|---------------------------------|---------------------|---------------------------|------------------------|-------------------|
| | 40 | | .83 | | | |

Gas Prod. MCFD Oil Prod. Bbls./Day: .83 Gas/Oil Ratio (GOR) = 48,192 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 30th day of May 19 92

Kansas

Graves Drilling Co., Inc.

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 _____