

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: GRAVES DRILLING CO., INC. Lease: Helen #1 Well No.:

County: Harper Location: S $\frac{1}{2}$ S $\frac{1}{2}$ S $\frac{1}{2}$ Section: #1 Township: 4-32S-9W Range: Acres: 140

Field: Spivey-Grabs(Non Prorated) Reservoir: Mississippian Pipeline Connection: OXY USA

Completion Date: 8-13-82 Type Completion(Describe): Single Plug Back T.D. Packer Set At: none

Production Method: Flowing Pumping^x Gas Lift Type Fluid Production: Oil & Water API Gravity of Liquid/Oil: 25.1

Casing Size: 5 $\frac{1}{2}$ Weight: 15 $\frac{1}{2}$ I.D.: Set At Perforations: To 4366' 4312' to 4332'

Tubing Size: 2 1/2" Weight: I.D.: Set At Perforations: To

Pretest: Starting Date 5-30-93 Time 8:00 a Ending Date 5-31-93 Time 8:00 a Duration Hrs. 24

Test: Starting Date 5-31-93 Time 8:00 a Ending Date 6-1-93 Time 8:00 a Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	Tubing:									
Bbls./In.	Tank Size	Number	Starting Gauge		Ending Gauge			Net Prod. Bbls.		
			Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	200	126228	5	8	113.01	5	8 $\frac{1}{2}$	113.84	80	.83
Test:	200	126228	5	8 $\frac{1}{2}$	113.84	5	9	114.67	80	.83
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				Static Pressure:		
Pipe Taps:	Flange Taps:	Differential	Tester Pressure		Press.	Gravity	Flowing		
Measuring Device	Run-Prover-Tester Size	Orifice Size	In.Water	In.Merc.	Psig or (hd)	(hd)	Gas (Gg)	Temp. (t)	
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)
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Gas Prod. MCFD: 34 Oil Prod. Bbls./Day: .83 Gas/Oil Ratio (GOR) = 40,964 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 1st day of June 1993

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

RECEIVED JUN 15 1993 WICHITA, KS

JUN 14 1993

CONSERVATION DIVISION WICHITA, KS