

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

NP

PRODUCTIVITY TEST
BARREL TEST

OPERATOR AL Abercrombie, Inc. LOCATION OF WELL SE SW
 LEASE Livingston OF SEC. 35 T 20 S R 35 W
 WELL NO. 1 COUNTY Wichita
 FIELD _____ PRODUCING FORMATION Marmaton
 Date Taken 7-21-92 Date Effective _____
 Well Depth 5070' Top Prod. Form 4505' Perfs 4507'-4610'
 Casing: Size 4 1/2" Wt. 10.5 # Depth 4733' Acid yes
 Tubing: Size 2 3/8" Depth 4674' Gravity 33.6
 Pump: Type Insert Bore 1 1/2" Purchaser Koch
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 24 HOURS
 SHUT IN 0 HOURS
 DURATION OF TEST 24 HOURS 0 MINUTES 0 SECONDS
 GAUGES: WATER _____ INCHES _____ PERCENTAGE
 OIL _____ INCHES _____ PERCENTAGE
 GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 73
 WATER PRODUCTION RATE (BARRELS PER DAY) 6
 OIL PRODUCTION RATE (BARRELS PER DAY) 67 PRODUCTIVITY
 STROKES PER MINUTE 6
 LENGTH OF STROKE 54 INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.
 COMMENTS copy to: RAI Box 56
Great Bend 67530

WITNESSES:

[Signature] FOR STATE
[Signature] FOR OPERATOR
 _____ FOR OFFSET

RECEIVED
STATE CORPORATION COMMISSION

JUL 30 1992
7-30-92
CONSERVATION DIVISION
Wichita, Kansas

**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. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

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:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										
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.	Gravity	Flowing				
			In.Water	In.Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)			
Orifice Meter											
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)

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft. _____
Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____ 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 _____ 19____

For Offset Operator

For State

For Company