

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-007-21 830-0000

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Oilwelloperator Inc Lease Cohoe Well No. 11

County Barber Location MISS NEENE Section 30 Township 33 Range 10 Acres 240

Field 14-4-85 Reservoir Perf Miss Pipeline Connection Inland

Completion Date 11-16-85 Type Completion (Describe) Perf Plug Back T.D. 4739 Packer Set At

Production Method: Pumping Type Fluid Production Oil & Gas API Gravity of Liquid/Oil 28

Flowing Casing Size	Weight	I.D.	Set At	Perforations	To
<u>4 1/2</u>	<u>10.5</u>		<u>4739</u>	<u>4610</u>	<u>4624</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 3/4</u>	<u>4.70</u>		<u>4650</u>		

Pretest: Starting Date 12-10-85 Time 9:10 a Ending Date 12-11-85 Time 9:00 a Duration Hrs. 24hr.

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing:	Tubing:									
Bbls./In.	Tank Size	Starting Gauge Feet	Inches	Barrels	Ending Gauge Feet	Inches	Barrels	Net Prod. Bbls.		
	Number							Water	Oil	
Pretest:										
Test:	<u>210</u>	<u>7</u>	<u>6</u>	<u>1</u>	<u>84.92</u>	<u>6</u>	<u>8 1/2</u>	<u>9362</u>	<u>6500</u>	<u>8.70</u>
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 In. Water	Pressure In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover			<u>300 m.c.f.</u>				
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 300 m.c.f. Oil Prod. Bbls./Day: 8.70 Gas/Oil Ratio (GOR) = 8.70 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 11 day of Dec, 1985

For Offset Operator J. H. [Signature] For State Ted J. Erickson For Company

DEC 20 1985