

15-165-21558-00-00

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR James Ibern LOCATION OF WELL SE SE SW
 LEASE Miller OF SEC. 36 T 19 S R 16 W
 WELL NO. 1 COUNTY Rush
 FIELD Wildcat PRODUCING FORMATION Arbuckle
 Date Taken 6-13 & 14-91 Date Effective _____
 Well Depth 3840' Top Prod. Form Arbuckle Perfs 3724-3730
 Casing: Size 5 1/2 Wt. 5.55 Depth 3838'
 Tubing: Size 2 3/8" Depth of Perfs _____ Gravity 43.5
 Pump: Type Double Valve Bore 2" Purchaser Clear Creek
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field ✓ Special _____
 Flowing _____ Swabbing _____ Pumping ✓

STATUS BEFORE TEST:

PRODUCED na HOURSSHUT IN na HOURSDURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDSGAUGES: WATER _____ INCHES 43.5 PERCENTAGEOIL _____ INCHES 56.5 PERCENTAGEGROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 38.41WATER PRODUCTION RATE (BARRELS PER DAY) 16.7OIL PRODUCTION RATE (BARRELS PER DAY) 21.71 PRODUCTIVITYSTROKES PER MINUTE 7LENGTH OF STROKE 48 INCHESREGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.COMMENTS mail copy to operatorSt. 604 Petroleum Bldg.

WITNESSES:

Quinn Rankin
 FOR STATE

Edwin Hemken
 FOR OPERATOR

FOR OFFSET

**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.** _____

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 6-13-91 **Time** 9⁰⁰ AM **Ending Date** 6-14-91 **Time** 9⁰⁰ AM **24**

OIL PRODUCTION OBSERVED DATA

<u>Producing Wellhead Pressure</u>			<u>Separator Pressure</u>						<u>Choke Size</u>	
Casing:			Tubing:							
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	9421	2	7	51.77	3	8	73.48	16.7	21.71
Test:										

GAS PRODUCTION OBSERVED DATA

<u>Orifice Meter Connections</u>			<u>Orifice Meter Range</u>					
<u>Pipe Taps:</u>		<u>Flange Taps:</u>	<u>Differential:</u>			<u>Static Pressure:</u>		
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								RECEIVED
Critical Flow Prover								
Orifice Well Tester								JUN 27 1991

GAS FLOW RATE CALCULATIONS (R)

CONSERVATION DIVISION

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. Bbls./Day:** _____ **Gas/Oil Ratio (GOR) =** _____ **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 _____ 19____

For Offset Operator

For State

For Company