

15-151-20882-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT OCT 1 1988

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company MCA Petroleum Corp Lease 46-155 Well No. 1

County Butte Location SE 1/4 Section 5 Township 25S Range 17W Acres

Field Combiner Pool Reservoir Miss Pipeline Connection None

Completion Date 4-3-81 Type Completion Reclassifications Plug Back T.D. None Packer Set At

Production Method: Flowing Pumping Gas Lift None Type Fluid Production Oil - Gas - SW API Gravity of Liquid/Oil 35

Casing Size 4 1/2 Weight 105 I.D. 4.708 Set At 4055-60' Perforations 62'-49' To 72'-76' 4058-92'

Tubing Size 2 3/8 Weight 4.7 I.D. 4.531 Set At 4053' Perforations None To

Pretest: Starting Date 7-1-88 Time 8:00 Ending Date 7-7-88 Time 7-7-88 Duration Hrs. 8:00

Test: Starting Date 7-1-88 Time 8:00 Ending Date 7-7-88 Time 7-7-88 Duration Hrs. 8:00

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:	<u>200</u>	<u>7 -</u>	<u>140.78</u>	<u>7 1 1/2</u>	<u>142.78</u>	<u>7.50</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 Pressure In.Water In.Merc. Paig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)	
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press.(Psia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fdv)	Chart Factor (Fd)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 7.50 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 2 day of July 1988

For Offset Operator _____ For State _____ For Company _____

STATE CORPORATION COMMISSION
 RECEIVED
 OCT 10 1988