

15-033-20543-0000

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-14-82

Company K.R.M. Lease BEYER Well No. 2-11

County COMANCHE Location PROTECTION Section 11 Township 34S Range 20W Acres

Field COLLIER FLAT EXT. SWOPE Reservoir Pipeline Connection MATADOR-HUSKY

Completion Date 6-23-82 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: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 10-14-82 Time 1000 Ending Date 10-15-82 Time 1000 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size					
Casing:	Tubing: <u>140#</u>	<u>100#</u>			<u>1 1/2" 64</u>					
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>250</u>	<u>120478</u>	<u>2</u>	<u>2</u>	<u>43.52</u>	<u>4</u>	<u>2</u>	<u>83.60</u>		<u>40.02</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		Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)		
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 Flow Rate (R): 80,000 Oil Prod. Bbls./Day: 40.02 Gas/Oil Ratio (GOR) = 2,000 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__

W. King

For Offset Operator

For State

For Company