

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 7-13-90

Company A & A Discovery # 4748 Lease Holland Well No. A-4

County Pratt Location NE-NE-SW Section 8 Township 27S Range 11W Acres 160

Field _____ Reservoir Kansas City Pipeline Connection Clear Creek

Completion Date 7-19-89 Type Completion (Describe) acidized Plug Back T.D. 3974' Packer Set At _____

Production Method: _____ Type Fluid Production Oil API Gravity of Liquid/Oil 37

Flowing Pumping Gas Lift Casing Size 4 1/2" Weight 10# I.D. 4.052 Set At 4026' Perforations 3905 To 3909

Tubing Size 2 3/8" Weight 4.6# I.D. 1.995 Set At 3949 Perforations _____ To _____

Pretest: Starting Date _____ Time _____ Ending Date JUL 18 1990 Duration Hrs. _____

Test: Starting Date 7-12-90 Time 10:00 A.M. Ending Date 7-13-90 Time 10:00 A.M. Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure _____ Separator Pressure _____ Choke Size _____
 Casing: 60" Tubing: 200" Gun bbl. _____

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>9020</u>	<u>4'</u>	<u>5 3/4"</u>	<u>89.60</u>	<u>5'</u>	<u>3 3/4"</u>	<u>106.26</u>	<u>Trace</u>	<u>16.66</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 In. Water	Tester Pressure In. Merc.	Pressure Psig 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. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Orifice (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: 16.66 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 13th day of July 19 90

For Offset Operator _____ For State _____ For Company _____

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
LEASE _____ OF SEC. T R _____
WELL NO. _____ COUNTY _____
FIELD _____ PRODUCING FORMATION _____
Date Taken _____ Date Effective _____
Well Depth _____ Top Prod. Form _____ Perfs _____
Casing: Size _____ Wt. _____ Depth _____ Acid _____
Tubing: Size _____ Depth of Perfs _____ Gravity _____
Pump: Type _____ Bore _____ Purchaser _____
Well Status _____
Pumping, flowing, etc.

TEST DATA

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

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET