

15-151-21722-0000

N-P

STATE OF KANSAS - CORPORATION COMMISSION  
PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial  Annual  Workover  Reclassification  TEST DATE: 4-19-20-1990

Company *National Development Co.* Lease *Burkner-Louise* Well No. *#7-11 Rabbit*

County *Pratt* Location *NW NENW SW 2310 FSL 23290 FEL* Section *25* Township *26S* Range *12W* Acres *80*

Field *Pratt* Reservoir *Miss* Pipeline Connection *Clear Creek*

Completion Date *3-15-89* Type Completion (Describe) *Acid + Frag* Plug-Back T.D. *T.D. = 4486* Packer Set At

Production Method: *Oil + wt* Type Fluid Production *Oil + wt* API Gravity of Liquid/Oil *42*

Flowing  Pumping  Gas Lift  Casing Size *5 1/2"* Weight *15#* I.D. *4.974* Set At *4334* Perforations *409.5* To *4125*

Tubing Size *2 7/8"* Weight *6.5#* I.D. *2.441* Set At *3977* Perforations *15' Perforated Mud Anchor* To

Pretest: Starting Date *4-19-90* Time *8:15 AM* Ending Date *4-20-90* Time *8:15 AM* Duration Hrs. *24*

Oil Production Observed Data

Producing Wellhead Pressure *25#* Separator Pressure *25#* Choke Size

Casing: *25#* Tubing: *25#*

Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls.

Size Number Feet Inches Barrels Feet Inches Barrels Water Oil

Pretest:

Test: *200* *6061* *5'* *1"* *101.67* *5'* *3"* *105.01* *1.5* *3.34*

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. Psig or (Pd) Diff. Press. (hw) or (hd) Gravity Gas (Gg) Flowing Temp. (t)

Orifice Meter

Critical Flow Prover

Orifice Well Tester

*NO gas sales*

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 (Fpv) Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: *3.34* 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 *20<sup>th</sup>* day of *April* 19 *90*

For Offset Operator *[Signature]* For State *[Signature]* For Company *[Signature]*

APR 26 1990

CONSERVATION DIVISION Wichita, Kansas 4-26-90

Case 53115-101-21

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

07-21-40