

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

15-175-21264-00-00

C-5
M

OPERATOR SLAWSON EXPL. CO. INC. LOCATION OF WELL C-E/R-NE4
 LEASE NIX OF SEC. 15 T 33 R 33 W
 WELL NO. 1-15 COUNTY SEWARD
 FIELD EVALYN-CONDIT PRODUCING FORMATION CHESTER-SANDSTONE
 Date Taken 04-22-93 Date Effective _____
 Well Depth 6257' Top Prod. Form _____ Perfs 6068' - 6073'
 Casing: Size 4.500 Wt. 10.5 Depth 6257' Acid _____
 Tubing: Size 2.375 Depth of Perfs 6073' Gravity 24° @ 50°
 Pump: Type B.H.D Bore. 1.500 Purchaser INLAND CRUDE
 Well Status PUMPING
 Pumping, flowing, etc.

TEST DATA

Permanent Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 336 HOURS
 SHUT IN 0 HOURS
 DURATION OF TEST 24 HOURS 0 MINUTES 0 SECONDS
 GAUGES: WATER 0 INCHES 0 PERCENTAGE
 OIL 16.25 INCHES 100 PERCENTAGE
 GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 27.13
 WATER PRODUCTION RATE (BARRELS PER DAY) 0
 OIL PRODUCTION RATE (BARRELS PER DAY) 27.13 PRODUCTIVITY
 STROKES PER MINUTE 6
 LENGTH OF STROKE 64 INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.
 COMMENTS _____

RECEIVED
STATE CORPORATION COMMISSION

APR 27 1993
4-27-93
CONSERVATION DIVISION
Wichita, Kansas

WITNESSES:

M. G. Menden
FOR STATE

Richard B. ...
FOR OPERATOR

FOR OFFSET

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & COR 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 _____ **Time** _____ **Ending Date** _____ **Time** _____

OIL PRODUCTION OBSERVED DATA

<u>Producing Wellhead Pressure</u>		<u>Separator Pressure</u>			<u>Choke Size</u>				
<u>Casing:</u>		<u>Tubing:</u>							
Bbls./In.	Tank		Starting Gauge		Ending Gauge		Net Prod. Bbls.		
	Size	Number	Feet	Inches	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:									
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 In. Water	Tester Pressure In. Merc. 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)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD _____ **Oil Prod.** _____ **Gas/Oil Ratio** _____ **Cubic Ft.** _____
Flow Rate (R): _____ **Bbls./Day:** _____ **(GOR) =** _____ **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