

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT 15-189-21775-00-00

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Anadarko Petroleum Lease Buyer Well No. C-1A

County STEPHENS Location 1245 FSL + 1470 FEL Section 3 Township 33 Range 38 Acres 38

Field Gentsler Reservoir L. Morrow Pipeline Connection HGC

Completion Date 8-14-94 Type Completion(Describe) Oil Plug Back T.D. 6148 Packer Set At -

Production Method: Type Fluid Production API Gravity of Liquid/Oil 43.6

Flowing (Pumping) Gas Lift Oil

Casing Size 5.5 Weight 15.5 I.D. 4.950 Set At 6200 Perforations 6048 To 6062

Tubing Size 2.375 Weight 4.70 I.D. 1.995 Set At 6010 Perforations To

Pretest: Duration Hrs.

Starting Date 10-2-94 Time 8:30 AM Ending Date 10-3-94 Time 8:30 AM

Test: Duration Hrs.

Starting Date 10-3-94 Time 8:30 AM Ending Date 10-4-94 Time 8:30 AM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casings: 80	Tubing: 80				30				
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300 South	8	4	167	9	6 1/2	191.22	4.35	24.22
Test:	300 South	9	6 1/2	191.22	10	5	208.76	2.2	17.53
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps:	Flange Taps: X	Differential: 100	Static Pressure: 250				
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	2	1.250	47.4	2.63		68.3	
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension /hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
8.329	61.8	12.749		.9924		

Gas Prod. MCFD Flow Rate (R): 105 Oil Prod. Bbls./Day: 17.53 Gas/Oil Ratio (GOR) = 5.989 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 4th day of October 19 94

For Offset Operator

For State

For Company