STATE OF KANSAS - CORPORATION COMMISSION PRODUCTION TEST & GOR REPORT

21346-000 Conservation Division Form C-5 Revised TYPE TEST: Initial## Annual Workover Reclassification TEST DATE: 1 - 14 - 93Lease Company Well No. ANADARKO PETRO. CORP. UNDERWOOD A-3 Location Section Range County Township Acres SEWARD 660 FEL 660 FSL 23 34 Field Reservoir Pipeline Connection ADAMSON CHESTER Type Completion(Describe) Plug Back T.D. Packer Set At Completion Date 12-2-93° SINGLE OIL 6600 Production Method: Type Fluid Production API Gravity of Liquid/Oil <u>41.7</u> @ 60° Flowing Casing Size Gas Lift OIL & WATER Set At Pumping # Perforations I.D. To. 5.500 6700 15.50 4.950 <u>6506-09</u> 6551-56 Tubing Size Set At I.D. Perforations Weight ፐດ 2.375 4.70 1.995 6482 Pretest: Duration Hrs. Ending Date 1-13-94 Starting Date 1-12-94 Time 8:30 a.m. Time 8:30 a.m. 24 Test: Duration Hrs. Ending Date 1-14-94 Starting Date 1-13-94 Time 8:30 a.m. Time 8:30 a.m. 24 OIL PRODUCTION OBSERVED DATA Producing Wellhead Pressure Separator Pressure Choke Size S.L. - 86" Casing: 36 Tubing: 36 S.P.M. - 10.6 Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls. Number Inches Size Feet Barrels Feet Inches Barrels Water Oil 300 EAST 69.3 5 3 6 110.5 81.4 41.2 Pretest: 300 EAST .5 7 7 110.5 8.2 Test: 152.2 1.08 41.7 Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range Pipe Taps: Flange Taps: Differential: Static Pressure: Measuring Run-Prover- Orifice Meter-Prover-Tester Pressure Diff. Press. Gravity Flowing Device Tester Size Size In. Water In. Merc. Psig or (Pd) (hw) or (hd) Gas (Gg) Temp. Orifice Meter Critical Flow Prover Orifice Well Tester 2 .250 GAS FLOW RATE CALCULATIONS (R) Coeff. MCFD Meter-Prover Extension Gravity Flowing Temp. Deviation Chart (Fb)(Fp)(OWTC) Press.(Psia)(Pm) Vhw x Pm Factor (Fg) Factor (Ft) Factor (Fpv) Factor(Fd) Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft. Flow Rate (R): T.S.T.M. 41.7 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 FOURTEENTH day of JANUARY For Company MMISSION For Offset Operator State For

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