

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-189-20684-0000

Form C-5 Revised

Reservation Division

TEST: Initial Annual Workover Reclassification TEST DATE:

Company Cities Serv Oil & Gas Corp Lease GARDON Well No. 13-2

County Stevens Location C/NW/NE Section 36 Township 34 Range 35 Acres 40

Field KINNEY Reservoir Chester Pipeline Connection PEPL

Completion Date 12-23-84 Type Completion (Describe) 6611 Plug Back T.D. NONE Packer Set At

Production Method: Pumping Type Fluid Production OIL & GAS API Gravity of Liquid/Oil 40.5

Flowing Pumping Gas Lift 5 1/2 Weight 14 I.D. 6651 Set At 6525 Perforations 6535 To

casing Size 5 1/2 Weight 14 I.D. 6651 Set At 6525 Perforations 6535 To

tubing Size 2 3/8 Weight 6496 I.D. 6496 Set At 6496 Perforations 6496 To

Retest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 1-12-84 Time 10% PM Ending Date 1-13-84 Time 10% PM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure 130# Separator Pressure 95# Choke Size NONE

Casing: <u>1 3/4" Tubing:</u>	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Retest:										
Test:	<u>300</u>	<u>5960</u>	<u>8</u>	<u>3</u>	<u>165.01</u>	<u>10</u>	<u>4</u>	<u>206.67</u>	<u>2</u>	<u>42</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Line 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)
Orifice			
Meter			
Critical			
Flow Prover			
Orifice			
Well Tester	<u>2"</u>	<u>0.250</u>	<u>14</u> , <u>793</u>

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)
<u>37.6</u>			<u>0.872</u>	<u>0</u>	<u>0</u>	<u>0</u>

Gas Prod. MCFD 32.8 Oil Prod. Bbls./Day: 42 Gas/Oil Ratio (GOR) = 781 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 JAN. 1984

RECEIVED STATE CORPORATION COMMISSION

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

JAN 18 1984 01-18-84

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