

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 9/21/82

Company: Anadarko Prod. Co. Lease: Reeve B Well No. 1

County: Seward Location: SE SW SW Section: 5 Township: 34S Range: 34W Acres: 80

Field: Adamson Reservoir: Chester Pipeline Connection: Anson Transportation

Completion Date: 8-7-82 Type Completion (Describe): Single Oil Plug Back T.D.: 6300 Packer Set At: _____

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil & Wtr. API Gravity of Liquid/Oil: 33.2 @ 60°

Casing Size	Weight	I.D.	Set At	Perforations	To
4.500	10.5	4.052	6601	6267	6273
Tubing Size	Weight	I.D.	Set At	Perforations	To
2.375	4.7	1.995	6295		

Pretest: Starting Date 9/20/82 Time 2:00 Ending Date 9/21/82 Time 2:00 Duration Hrs. 24

Test: Starting Date 9/20/82 Time 2:00 Ending Date 9/21/82 Time 2:00 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure	Separator Pressure	Choke Size		
Casing: 25 Tubing: 25	18	SPM-10 1/2 SL 57"		
Bbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod. Bbls.
	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water Oil
Pretest:				
Test:	300	5364 7 0 140.28	7 10 156.98	16.70
Test:	210 Water	0 3 8.76	0 9 1/2	27.74

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	Diff. Press.	Gravity	Flowing
Orifice Meter			In. Water In. Merc. Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Critical Flow Prover						
Orifice Well Tester	2	.375	10"		Assumed .700	60

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)
43.8	-	-	.9258	1.0	1.0	1.0

Gas Prod. MCFD Flow Rate (R): 40.6 Oil Prod. Bbls./Day: 17 Gas/Oil Ratio (GOR) = 2.388 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 21st day of September 19 82

For Offset Operator: _____ For State: _____ For Company: _____

RECEIVED STATE CORPORATION COMMISSION

SEP 23 1982