

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-129-21141-5000 N.
 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-5-95

Company Anadarko Production Corp. Lease USA Well No. AD-1

County MORTON Location 1980 FSLT 660FWL Section 11 Township 33 Range 40 Acres

Field Stirrups Reservoir Single Oil Pipeline Connection Anadarko Gathering Co.

Completion Date _____ Type Completion (Describe) Single Oil Plug Back T.D. 5489 Packer Set At _____

Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil 40.5 @ 60°

Flowing Pumping Gas Lift Casing Size 5.50 Weight 15.5 I.D. 4.950 Set At 5489 Perforations 5392 To 5412

Tubing Size 2.375 Weight 4.70 I.D. 1.995 Set At 5364 Perforations _____ To _____

Pretest: _____ Duration Hrs. _____

Starting Date 10/4/94 Time 11:00 Am Ending Date 10/5/94 Time 11:00 Am Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure _____ Separator Pressure _____ Choke Size _____

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	300		4	8"	92.34	7	1/4	139.38	11.84	35.20
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections _____ Orifice Meter Range _____

Measuring Device	Run-Prover-Tester Size	Orifice Meter Size	Prover-Tester Pressure			Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
Orifice Meter	2"	1"			45#	7"	.760	60°
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	(Meter-Prover) Press. (Psia) (Pm)	Extension (V) hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
5.073	118	59.4	20.391	1.147	1.000	1.000	—

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 3520 Gas/Oil Ratio (GOR) = 3.352 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 5th day of Oct 1994

For Offset Operator _____ For State _____ For Company _____

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. _____ T _____ R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
 Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

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

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET