

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-175-20709-0000
 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 11/8/83

Company Anadarko Prod. Co. Lease Clark Well No. 2

County Seward Location 500FWL & 1980FNL Section 14 Township 33S Range 34W Acres 80

Field Shuck Reservoir Chester Pipeline Connection Getty

Completion Date 10/25/83 Type Completion(Describe) Single Oil - feet Plug Back T.D. 6289 Packer Set At

Production Method: Flowing Pumping Gas Lift Type Fluid Production Gas - Oil & Water API Gravity of Liquid/Oil 38.3 @ 60

Casing Size 5.500 Weight 15.5 I.D. 4.950 Set At 6346 Perforations 6185 To 6195

Tubing Size 2.375 Weight 4.7 I.D. 1.995 Set At 6255 Perforations To

Pretest: Starting Date, Time Ending Date, Time Duration Hrs.

Test: Starting Date 11/7/83 Time 2:15PM Ending Date 11/8/83 Time 2:15PM - 24 Duration Hrs.

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Casing: 59 Tubing: 59 Separator Pressure 49# Choke Size 7.1 SPM, 90" SL

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									.4%	
Test:	Portable				12195.1			12284.8	.36	89
Test:	Tester									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Pipe Taps: Flange Taps: X Orifice Meter Range Differential: 50" Static Pressure: 250"

Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure			Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
Orifice Meter	2	1.00			67.5	13"	.700	60
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Wichita Range Factor (Fd)
5.073	81.9	32.63	1.195	1.0	0	0

Gas Prod. MCFD Flow Rate (R): 198 Oil Prod. Bbls./Day: 89 Gas/Oil Ratio (GOR) = 2225 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 8th day of November 19 83

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