

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-129-21148-00-00

Form C-5 Revised

Conservation Division

TYPE TEST: Initial (Annual) Workover Reclassification TEST DATE: 2-7-96

Company Anadarko Petroleum Corporation Lease USA Well No. AC-1

County Morton Location 660 ENL 1830 FWL Section 11 Township 33 Range 40 Acres

Field Stirrup Reservoir Upper Morrow Pipeline Connection Anadarko Engineering CO.

Completion Date 12-23-96 Type Completion (Describe) Single Oil Plug Back T.D. 5543 Packer Set At

Production Method: Flowing Pumping Gas Lift Type Fluid Production Oil API Gravity of Liquid/Oil 40.2 @ 60°

Casing Size 5.50 Weight 15.5 I.D. 4.950 Set At 5558 Perforations 5357 To 5400

Tubing Size 2.875 Weight 6.50 I.D. 2.441 Set At 5342 Perforations To

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

Test: Starting Date 2-6-96 Time 9:00 Am Ending Date 2-7-96 Time 9:00 Am Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	285	Tubing:	82	29						
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	300		6	6"	128.97	9	8 1/2	193.08	2.87	64.11
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range			
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:			
Measuring Device	Prover-Tester Size	Orifice Size	Meter Prover-Tester Pressure In. Water In. Merc. (Psig or Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	2	.50	37	3.68	.760	60°
Critical Flow Prover						
Orifice Well Tester						

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 (Fdv)	Chart Factor (Fd)
1.219	88.4	78.036	1.147	1.000	1.000	—

Gas Prod. MCFD Flow Rate (R): 25 Oil Prod. Bbls./Day: 64.11 Gas/Oil Ratio (GOR) = 389.9 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 9th day of Feb, 19 96

W. J. Kashi
For Company

For Offset Operator

For State

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