

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-175-21310-0002 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-4-94

Company CHARTER Prod. Co. Lease Good Well No. 17-3

County SEWARD Location 15 1/2 of N/2-SWSW Section 20 Township 34 Range 31 Acres

Field 2 KC (Baum-~~FAA~~) Reservoir Koch buys oil Pipeline Connection

Completion Date 4-27-94 Type Completion (Describe) Plug Back T.D. Packer Set At

Production Method: Pumping Type Fluid Production API Gravity of Liquid/Oil 48

Flowing Pumping Gas Lift Casing Size 5 1/2 Weight I.D. Set At 5499 Perforations 4861 To 4863

Tubing Size 2 7/8 Weight I.D. Set At 5287 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date Oct 3, 1994 Time 1100 AM Ending Date Oct 4, 1994 Time 100 PM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:	<u>70</u>		Tubing:	<u>70</u>		<u>33</u>			
Bbls./In.	Tank	Starting Gauge		Ending Gauge			Net Prod. Bbls.		
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water Oil	
Pretest:									
Test:	<u>300</u>	<u>96059</u>	<u>2</u>	<u>2</u>	<u>43.42</u>	<u>4</u>	<u>10</u>	<u>96.86</u>	<u>165661</u> <u>53.44</u>
Test:									

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. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)		
Orifice Meter							
Critical Flow Prover			<u>9 MS used on location</u>				
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)	Chart Factor (Fd)
		$\sqrt{hw \times Pm}$				

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: Gas/Oil Ratio (GOR) = 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 4 day of October 1994

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

RCWD  
10-04-94

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

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 \_\_\_\_\_