

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-175-20566-0000 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 5/10/83

Company Anadarko Production Co. Lease Hitch I Well No. 4

County Seward Location 1320° FNL & 330° FEL Section 10-7 Township 33S Range 34W Acres 40

Field Shuck Reservoir Chester Pipeline Connection Husky Oil

Completion Date 4/26/83 Type Completion(Describe) Single Oil Plug Back T.D. 6205 Packer Set At None

Production Method: Flowing Pumping Gas Lift Type Fluid Production Oil/Water API Gravity of Liquid/Oil 39.3

Casing Size 5 1/2" Weight 15.5# I.D. 4.950" Set At 6314 Perforations 6166' To 6176"

Tubing Size 2 3/8 Weight 4.7# I.D. 1.995" Set At 6198 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 5/10/83 Time 8:45AM Ending Date 5/11/83 Time 8:45AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: 125# Tubing: 135# 125# None

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	Portachek			Meter ON	23812.6		Meter OFF	23822.6	Trace	10
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Pipe Taps: Flange Taps: X Differential: 100" Static Pressure: 500#

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.	Paig or (Pd)			
Orifice Meter	2"	3/4			125.6	23.0	700	
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension /hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): 188.5 Oil Prod. Bbls./Day: 10 Gas/Oil Ratio (GOR) = 18,850 per Bbl. Cubic Ft.

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 11th day of May 1983

STATE CORPORATION COMMISSION

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

MAY 13 1983