

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT

15-175-20724-0000

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 1/20/84

Company Anadarko Prod. Co. Lease B & B Royalty A Well No. 2

County Seward Location 660'FNL & 330'FEL - 15 Section 335 Township 34W Range 80 Acres

Field Shuck Reservoir L. Chester Pipeline Connection Anadarko (Gas), Getty T&T (oil)

Completion Date 12/21/83 Type Completion (Describe) Single Oil Plug Back T.D. 6248 Packer Set At

Production Method: Type Fluid Production Oil & Water API Gravity of Liquid/Oil 41.7 @ 60°

Flowing Pumping Gas Lift Casing Size 5.500 Weight 15.5 I.D. 4.950 Set At 6333 Perforations 6166 To 6170

Tubing Size 2.375 Weight 4.7 I.D. 1.995 Set At 6132 Perforations To

Pretest: Starting Date 1/19/84 Time 9:00A Ending Date 1/20/84 Time 9:00A Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:	61		Tubing:	61		54" SL, 65PM			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:		Portable Tester			31729.6				18.1
Test:					31711.4			.1	
Test:		Well Grind Out = .4% wtr.							

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range				
Pipe Taps:	Flange Taps: X			Differential: 50"		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)
Orifice Meter	2	.750	In. Water	In. Merc.	Psig or (Pd)			
Critical Flow Prover					50	4"	.700	60
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
2.779	64.4	16.05	1.195	1.000	-	-
Gas Prod. MCFD	53	Oil Prod. Bbls./Day: 18	Gas/Oil Ratio (GOR) = 2944	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 19th day of JAN 1984

For Offset Operator *[Signature]* For State *[Signature]* RECEIVED STATE CORPORATION COMMISSION For Company *[Signature]*

JAN 26 1984