

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-129-20464-0000
 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 4-6-94

Company Oxy USA Inc Lease Weatherford B Well No. 1

County Morton Location 1999 FSL 660 FWL Section 13 Township 33S Range 43W Acres

Field North Winter Reservoir Morrow-1 Pipeline Connection Permian

Completion Date 4/12/81 Type Completion(Describe) single Plug Back T.D. 4722 Packer Set At -

Production Method: Flowing Pumping Gas Lift Type Fluid Production oil/gas API Gravity of Liquid/Oil 38.4 @ 82°F

Casing Size 5.50 Weight 14.00# I.D. 4799 Set At Perforations 4612 To 4626

Tubing Size 2.375 Weight 4.70# I.D. 2.00" Set At 4606 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 4-5-94 Time 10:00A Ending Date 4-6-94 Time 10:00A Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: 40 Tubing: 40 20 2"

Bbbs./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbbs.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	300	72887	3	1/2	60.84	3	6 1/2	70.86	165	10.02
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							
Orifice Well Tester	2.00"	1.00"				5.50#	

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Flow Rate (R): 336 Oil Prod. Bbbs./Day: 10.02 Gas/Oil Ratio (GOR) = 33.532.93 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 _____ day of _____ 19

[Signature]
 For Offset Operator For State For Company