

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-129-20623-8000 Form C-5 Revised

Conservation Division

TYPE TEST: Initial (Annual) Workover Reclassification TEST DATE: 4-8-92

Company OXY USA INC Weatherford C Lease Well No. 4

County Morton Location 810 FNL-660 FWL Section 13 Township 33 Range 43 Acres 40

Field Winter Reservoir Morrow Pipeline Connection CIB

Completion Date 3-23-82 Type Completion (Describe) Single Plug Back T.D. 4772 Packer Set At

Production Method: Pumping Type Fluid Production Oil, Gas + Water API Gravity of Liquid/Oil

Flowing Casing Size 5 1/2" Weight 14# I.D. 5071' Set At Perforations 4585-4596 To

Tubing Size 2 3/8" Weight 4.7# I.D. 4583 Set At Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 4-7-92 Time 9:00 Ending Date 4-8-92 Time 9:00 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing: 40 lbs.	Tubing: Pumping								
Bbls./In.	Tank	Starting Gauge			Ending Gauge		Net Prod. Bbls.		
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	300	72893	3	1	61.85	4	6	90.27	3 28.42
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 In. Water	Tester Pressure In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester	Turbine Meter							

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 (Fpv)	Chart Factor (Fd)
			1.179			

Gas Prod. MCFD Flow Rate (R): 10 Mcf/D Oil Prod. Bbls./Day: 28.42 Gas/Oil Ratio (GOR) = 351.8 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 8th day of April 19 92

For Offset Operator: [Signature] RECEIVED STATE CORPORATION COMMISSION For State: [Signature] For Company: Brett R. Smith

APR 15 1992

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