

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-129-21017-0000 NR  
 OCT 1 1989

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 10-31-89

Company: Anadarko Petroleum Lease: U.S.A. R-1 Well No.: 1

County: Morton Location: 1390 FSL-1250 FWL Section: 35 Township: 32S Range: 40W Acres: 1

Field: Stirrup Reservoir: upper Morrow D Pipeline Connection: J-M Petroleum

Completion Date: 10-18-89 Type Completion(Describe): Single-oil Plug Back T.D.: 5394 Packer Set At: -

Production Method: Pumping Type Fluid Production: oil + water API Gravity of Liquid/Oil: 41.5

Casing Size	Weight	I.D.	Set At	Perforations	To
4.50	11.6	4.00	5394	5254	5266
Tubing Size	Weight	I.D.	Set At	Perforations	To
2 3/8	4.70	1.995	5230	-	-

Pretest: Starting Date 10-29-89 Time 10:30 Ending Date 10-30-89 Time 10:30 Duration Hrs. 24

Test: Starting Date 10-30-89 Time 10:30 Ending Date 10-31-89 Time 10:30 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing: 30	Tubing: 30		30			64/64			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300 East	0	0	0	3	1	60.70	0	60.70
Test:	300 East	3	1	60.70	5	8"	112.32	6.00	51.62
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps:	Flange Taps:		Differential:		Static Pressure:		
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover	Tester Pressure	Diff. Press.	Gravity Gas	Flowing Temp.
Orifice Meter			In.Water	In.Merc.	Psig or (Pd)	(hw) or (hd)	(Gg) (t)
Critical Flow Prover							
Orifice Well Tester	2"	1/4		25		Assumed .700	60°

GAS FLOW RATE CALCULATIONS (R)

Coef. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
34.6	-	-	-	.9258	1.0	1.0	1.0

Gas Prod. MCFD: 32.0 Oil Prod. Bbls./Day: 51.62 Gas/Oil Ratio (GOR) = 620 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 31 day of October, 1989

STATE CORPORATION COMMISSION

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

1-4-90