

STATE OF KANSAS -- CORPORATION COMMISSION **15-095-21410-00-00**
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual X Workover Reclassification TEST DATE: _____

Company: Pickrell Drilling Company Lease: Kopf "D" Well No.: 2

County: Kingman Location: 200' SW of C NW SW Section: 13 Township: 30S Range: 7W Acres: _____

Field: Basil Reservoir: Miss Pipeline Connection: None

Completion Date: 12-21-83 Type Completion(Describe): Single Plug Back T.D.: 4176 Packer Set At: ---

Production Method: _____ Type Fluid Production: _____ API Gravity of Liquid/Oil: 40°

Flowing Pumping X Gas Lift Oil Water

Casing Size	Weight	I.D.	Set At	Perforations	To
4 1/2" OD	10.5#		4197	4124	4134
Tubing Size	Weight	I.D.	Set At	Perforations	To
2 3/8" OD	4.7#		4145	Open Ended	

Pretest: Starting Date 7-15-94 Time 10:00 Ending Date 7-16-94 Time 10:00 Duration Hrs. 24

Test: Starting Date 7-16-94 Time 10:00 Ending Date 7-17-94 Time 10:00 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size	
Casing: 4 1/2	Tubing: 2 3/8	80			Open	
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.
	Size Number	Feet	Inches	Barrels	Feet Inches	Water Oil
Pretest:	200 9972	2		40.00	2 1 1/4	42.09 18.34 2.09
Test:	200 9973	2	1 1/4	42.09	2 3/4	44.60 18.34 2.51
Test:						

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				
Pipe Taps:	Flange Taps:	X	Differential:		50	Static Pressure: 1000	
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover-Tester	Pressure	Diff. Press.	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	0.375	In.Water	In.Merc. Psig or (Pd)	(hw) or (hd)		
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (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)
0.6848	94.65	8.425	1.149	1.000	1.000	1.000

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 3 Gas/Oil Ratio (GOR) = 2333 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 3 day of August 19 94

For Offset Operator _____ For State _____ For Company *Garth Gentry*

NOTE: Meter is 50" x 50" but readings have been compensated, therefore, Chart factor is 1.000.