

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15095-21085-00-00

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual  Workover Reclassification TEST DATE: 10-10-84

Company D.R. Lauck Lease Vanlandingham Well No. A1

County KM Location Location Section 21 Township 30 Range 7 Acres

Field S-G Reservoir MISS Pipeline Connection Inland

Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At

Production Method: Type Fluid Production API Gravity of Liquid/Oil

Flowing  Pumping  Gas Lift Casing Size Weight I.D. Set At Perforations To

Tubing Size Weight I.D. Set At Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 10-9-84 Time Ending Date 10-10-84 Time Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: Tubing:

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200	2623	6	9.25		6	1075			2
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			Lease Use				
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)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 2 Gas/Oil Ratio (GOR) = 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 11 day of 10 19 84

STATE CORPORATION COMMISSION

*[Signature]*

For Offset Operator 16 1984

For State

For Company