

15-081-20293-00000
 OCT 1 1989

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-11-89

Company OXY USA Lease HALL K-8 Well No.

County HASKELL Location Section 5 Township 29 Range 34 Acres

Field GUBANK Reservoir CHESTER Pipeline Connection

Completion Date Type Completion (Describe) SINGLE / OIL Plug Back T.D. 5649 Packer Set At

Production Method: Pumping Type Fluid Production OIL / WATER API Gravity of Liquid/Oil

Flowing Pumping Gas Lift I.D. Set At Perforations To

Casing Size 5.5 Weight 14 I.D. 5699 Perforations 5429-5433 To 5415-5420

Tubing Size 2.375 Weight 4.7 I.D. 5443 Perforations To

Pretest: Starting Date 10-9-89 Time 9:30 AM Ending Date 10-10-89 Time 9:30 AM Duration Hrs. 24

Test: Starting Date 10-10-89 Time 9:30 AM Ending Date 10-11-89 Time 9:30 AM 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:	210 3162	3	9 1/2	55.06	4	0	58.08	12	3.02
Test:	210 3162	4	0	58.08	4	2 1/2	61.11	12	3.03
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-Taster In. Water	Pressure In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
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): TSTM Oil Prod. Bbls./Day: 3.03 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 17 day of OCTOBER 1989

For Offset Operator Glenn R. Barlow For State 17 1989 For Company [Signature]