

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

SEP 1 1989
 Form C-5 Revised

Conservation Division

TYPE TEST: Initial (Annual) Workover Reclassification TEST DATE: 7-7-89
 Company Lease Well No.

OXY USA HALL K-7
 County Location Section Township Range Acres

HASKELL 5 29 34
 Field Reservoir Pipeline Connection

GUBANK CHESTER NONE
 Completion Date Type Completion (Describe) Plug Back T.D. Packer Set At

SINGLE/OIL 5467
 Production Method: Type Fluid Production API Gravity of Liquid/OIL

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

5.5 14" 5518 5404-5415 5424-5427
 Tubing Size Weight I.D. Set At Perforations To

2.375 4.7" 5353

Pretest: Starting Date 9-5-89 Time 11:00 AM Ending Date 9-6-89 Time 11:00 AM Duration Hrs. 24

Test: Starting Date 9-6-89 Time 11:00 AM Ending Date 9-7-89 Time 11:00 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size
 Casing: 29 PSIG Tubing: 29 PSIG

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	300	3158	7	10	157	9	8	193.7	38	36.7
Test:	300		7	11	158.7	10	0	200.4	40	41.7
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								
Orifice Well Tester	2"	.250			6.5 PSIG			

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 Oil Prod. Bbls./Day: 41.7 Gas/Oil Ratio (GOR) = 552 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 7th day of Sept 1989

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

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