

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-095-19070-00-00

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-9-88

Company: Union Pacific Resources Lease: Hibbs Well No.: 2

County: Kingman Location: 35 Township: 29S Range: 7W Acres:

Field: Basil Reservoir: Mississippi Pipeline Connection: Peoples Gas

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

Production Method: Flowing Pumping Gas Lift Type Fluid Production: Oil + Water API Gravity of Liquid/Oil:

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: 8-8-88 Time: 10³⁰ Ending Date: 8-9-88 Time: 10³⁰ 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	7	8	153.64	8	0	160.32	56	6.68
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 (Gg)	Flowing Temp. (t)	
			In.Water	In.Merc.	Psig or (Pd)			
Orifice Meter	4	.750			50	5	.700	95
Critical Flow Prover							90 1988	
Orifice Well Tester							CONSERVATION DIVISION Wichita, Kansas	

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psla)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
2.729	64.4	17.94	1.195	.9680	1.000	
Gas Prod. MCFD Flow Rate (R):	56.63	Oil Prod. Bbls./Day: 6.68	Gas/Oil Ratio (GOR): 8477	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 day of 19

[Signature]

For Offset Operator For State For Company