

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-095-20404-0000

Conservation Division

Form C-5 Revised

TEST TYPE: Initial Annual^X Workover Reclassification TEST DATE: Aug 6, 1985

Company: Pickrell Drilling Company Lease: Young "K" Well No.: 3

County: Kingman Location: 150' NE of C SW SE Section: 22 Township: 29S Range: 8W Acres: 40

Field: Belmont Center Reservoir: Mississippi Pipeline Connection: PNG

Completion Date: 7-16-75 Type Completion(Describe): Plug Back T.D.: 4249 Packer Set At:

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

Casing Size	Weight	I.D.	Set At	Perforations	To
4 1/2"	10.5#	4.050	4289	4202	4210

Tubing Size	Weight	I.D.	Set At	Perforations	To
2-3/8	4.7#	1.995	4238	4217	4220

Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.: 24

Test: Starting Date: 8-5-85 Time: 7:00 a.m. Ending Date: 8-6-85 Time: 7:00 a.m. Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure: Casing: 270 Tubing: 270 Separator Pressure: 280 Choke Size:

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	250									
Test:	250	19294	1	11	38.45	1	11 3/4	39.71	61.74	1.26
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range			
Line Taps:	Flange Taps:	Differential:	100		Static Pressure: 500	
Measuring Device	Run- Down - Down Size	Orifice Size	Meter- Down - Down Pressure	Diff. Press. (hw)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	4"	.500	In.Water In.Merc. Psig	262	2	.650 60°F
Critical Flow Prover						
Orifice Well Tester						

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)	Meter- Down - Down Press.(Psia)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.212	276.4	23.51	1.240	1.000	-1.027	1.000

Gas Prod. MCFD: 36 Oil Prod. Bbls./Day: 1 Gas/Oil Ratio (GOR) = 36,000 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 3rd day of September 19 85

RECEIVED STATE CORPORATION COMMISSION
 For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]

SEP 12 1985
 9-12-85
 CONSERVATION DIVISION