

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual^X Workover Reclassification TEST DATE: July 9, 1985

Company: Pickrell Drilling Company Lease: Young "K" Well No.: 2

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

Field: Belmont Center Reservoir: Mississippi Pipeline Connection: PNG

Completion Date: 5-14-75 Type Completion(Describe): Plug Back T.D.: 4255 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				
4 1/2"	10.5	4.050	4298			4222		4232	

Tubing Size	Weight	I.D.	Set At	Perforations	To				
2 3/8"	4.7#	1.995	4250			4235		4238	

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

Test: Starting Date: 7-8-85 Time: 7:30 a.m. Ending Date: 7-9-85 Time: 7:30 a.m. Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure: Casing: 240 Tubing: 240 Separator Pressure: 260 Choke Size:

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	250	19295	2	6	50.14	2	9	55.16	245.98	5.02
Test:	250	19295	3	4	66.84	3	7 1/2	72.67	285.67	5.83
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections: Pipe Taps: Flange Taps: Differential: 100 Static Pressure: 500

Measuring Device	Run- Size Size	Orifice Size	Meter- Pressure Pressure			Diff. Press. (hw)	Gravity Gas (Gg)	Flowing Temp. (t)
			In.Water	In.Merc.	Psig			
Orifice Meter	4"	.500			236	7	.650	60°F
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)	Meter- Press. Press.(Psia)	Extension √hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.212	250.4	41.87	1.240	1.000	1.024	1.000

Gas Prod. MCFD: 64 Oil Prod. Bbls./Day: 6 Gas/Oil Ratio (GOR): 10,666 Cubic Ft. per Ebl.

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

STATE CORPORATION COMMISSION

For Offset Operator

SEP 12 1985
9-12-85
CONSERVATION DIVISION

For State

For Company