

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT 15-175-20059-00-01

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification** TEST DATE: 5-28-94

Company ANADARKO PETRO. CORP. Lease GANO Well No. A-3

County SEWARD Location C NW SW Section 35 Township 32 Range 31 Acres

Field MASSONI Reservoir HODGES LIMESTONE Pipeline Connection PANHANDLE EASTERN

Completion Date 2-10-94 Type Completion(Describe) SINGLE GAS Plug Back T.D. 5000 Packer Set At 4854

Production Method: Type Fluid Production API Gravity of Liquid/Oil

Flowing** Pumping Gas Lift NONE
 Casing Size 4.5 Weight 10.5 I.D. 3.958 Set At 6056 Perforations 4864 To 4871
 Tubing Size 2.375 Weight 4.7 I.D. 1.995 Set At 4851 Perforations To

Pretest: Starting Date 5-26-94 Time 9:00 a.m. Ending Date 5-27-94 Time 9:00 a.m. Duration Hrs. 24
 Test: Starting Date 5-27-94 Time 9:00 a.m. Ending Date 5-28-94 Time 9:00 a.m. Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size
 Casing: PKR Tubing: 220 64/64 OPEN

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	200	#1	0	0	0	0	0	0	0	0
Test:	200	#1	0	0	0	0	0	0	0	0
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range
 Pipe Taps: Flange Taps: **** Differential: 0-100" Static Pressure: 0-500

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	3	1.750		*	122.0	50"	.686 64 ⁰
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)
16.01	136.4	82.58	1.207	.9962		

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio
 Flow Rate (R): 1,589 Bbls./Day: 0 (GOR) = 1589000

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 1st day of June 1994

RECEIVED
 STATE CORPORATION COMMISSION
 JUN 27 1994
 CONSERVATION DIVISION
 MICHAEL POND

For Offset Operator

For State

For Company