

15-173-20715-00-60

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 11-7-85
 Company Donald C. Slawson Oil Lease Fenster Well No. 1
 County Sedwick Location NW/NW Section 12 Township 29 Range 1W Acres 20
 Field _____ Reservoir _____ Pipeline Connection _____

Completion Date 8-6-85 Type Completion(Describe) Perf. Plug Back T.D. _____ Packer Set At _____

Production Method: _____ Type Fluid Production oil water & Gas API Gravity of Liquid/Oil _____

Flowing Casing Size	Pumping Weight	Gas Lift I.D.	Set At I.D.	Perforations	To
<u>4 1/2</u>	<u>10.5</u>	<u>4"</u>	<u>3739</u>	<u>3259</u>	<u>3281</u>
Flowing Tubing Size	Pumping Weight	Gas Lift I.D.	Set At I.D.	Perforations	To
<u>2 3/8</u>	<u>4.7</u>	<u>2"</u>	<u>3208</u>	<u>3210</u>	<u>3212</u>

Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____
 Test: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure	Separator Pressure			Choke Size						
	Casing:	Tubing:								
Bbls./In.	Tank Size	Number	Starting Gauge Feet	Inches	Ending Gauge Feet	Inches	Barrels	Barrels	Net Prod. Bbls. Water	Oil
Pretest:										
Test:										
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				Static Pressure:	
Pipe Taps:	Flange Taps:		Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	<u>2"</u>	<u>3/4</u>	<u>2.2</u>				<u>.630</u>	
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft. per Bbl. _____
 Flow Rate (R): 20.49 Bbls./Day: _____ (GOR) = _____

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 _____

For Offset Operator _____ For State _____ For Company _____
 RECEIVED NOV 13 1985 11-13-85 CONSERVATION DIVISION Wichita, Kansas