

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-095-21390-00009 1988

Conservation Division Form C-5 Revised
 TYPE TEST: Initial (Annual) Workover Reclassification TEST DATE: 8-16-88
 Company: BHP Petroleum Lease: Huffman Well No.: 6
 County: Kingman Location: 14 Township: 30 Range: 7 Acres:
 Field: Kingman Reservoir: Pipeline Connection: Cities Service
 Completion Date: Type Completion (Describe): Plug Back T.D.: Packer Set At:

Production Method: Pumping Type Fluid Production: API Gravity of Liquid/Oil:
 Flowing Pumping Gas Lift
 Casing Size: Weight: I.D.: Set At Perforations: To:
 Tubing Size: 2 7/8 Weight: I.D.: Set At Perforations: To:

Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.:
 Test: Starting Date: 8-15-88 Time: 9:00 Ending Date: 8-16-88 Time: 9:00 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.
<u>1.67</u>	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water Oil
Pretest:				
Test:	<u>200</u> <u>15299</u>	<u>3</u> <u>3</u> <u>65.19</u>	<u>3</u> <u>3 1/2</u> <u>66.03</u>	<u>233</u> <u>1</u>
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 (G)	Flowing (t)
Orifice Meter	<u>3</u>	<u>750</u>	<u>120</u>	<u>14</u>	<u>0.10</u>	<u>88</u>
Critical Flow Prover						
Orifice Well Tester						

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (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)
<u>2.740</u>		<u>40</u> <u>433</u>	<u>1.195</u>			

Gas Prod. MCFD: 134 141 Oil Prod. Bbls./Day: 1 Gas/Oil Ratio (GOR) = 137 141 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 6 day of 10 19 88

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]