

15095-21390-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-9-89
 Company BHP Petroleum Lease Hufford Well No. 6
 County Kingman Location Section 14 Township 30 Range 7 Acres
 Field S.G. Basil Reservoir Pipeline Connection Cities Service
 Completion Date Type Completion(Describe) Plug Back T.D. 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
 Tubing Size 2 7/8 Weight I.D. Set At Perforations To

Pretest: Duration Hrs.
 Starting Date Time Ending Date Time
 Test: Duration Hrs.
 Starting Date 8-8-89 Time 9:00 Ending Date 8-9-89 Time 9:00 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:			Tubing:						
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
1.67	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	15298	2	9	55.17	2	9 3/4	56.01	260 1
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.	Gravity	Flowing	
			In.Water	In.Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter	3	0.750			100	24		
Critical Flow Prover								
Orifice Well Tester								

RECEIVED
 STATE CORPORATION COMMISSION
 SEP 22 1989
 9-22-89
 CONSERVATION DIVISION
 Wichita, Kansas

GAS FLOW RATE CALCULATIONS (R)

Coëff. MCFD	Meter-Prover	Extension	Gravity	Flowing Temp.	Deviation	Chart
(Fb)(Fp)(OWTC)	Press.(Psia)(Pm)	√hw x Pm	Factor (Fg)	Factor (Ft)	Factor (Fpv)	Factor (Fd)
2.740		5240	1.195			

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft.
 Flow Rate (R): 171 Bbls./Day: 1 (GOR) = 171 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 19 day of 9 19 89

For Offset Operator: [Signature] For State: [Signature] For Company: Robert W. Sargent

Form C-5 (5/88)

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____

LEASE _____ OF SEC. T _____ R _____

WELL NO. _____ COUNTY _____

FIELD _____ PRODUCING FORMATION _____

Date Taken _____ Date Effective _____

Well Depth _____ Top Prod. Form _____ Perfs _____

Casing: Size _____ Wt. _____ Depth _____ Acid _____

Tubing: Size _____ Depth of Perfs _____ Gravity _____

Pump: Type _____ Bore _____ Purchaser _____

Well Status _____

Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____

Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET