

15-095-21398-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-2-93

Company G.A.R.I Lease Hullford Well No. 7

County Wm. Location Hullford Section 23 Township 30 Range 7 Acres

Field S.G. Basil Reservoir Mississippi Pipeline Connection Texaco

Completion Date Type Completion (Describe) Single Plug Back T.D. Packer Set At

Production Method: Type Fluid Production Gas Oil Water 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 8-1-93 Time Ending Date 8-2-93 Time Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing:	Tubing:		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Bbls./In.	Tank	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
<u>1.67</u>	Size	Number								
Pretest:										
Test:	<u>200</u>	<u>15298</u>	<u>2</u>	<u>1</u>	<u>41.80</u>	<u>2</u>	<u>2 1/4</u>	<u>43.89</u>	<u>100</u>	<u>2</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections Orifice Meter Range

Pipe Taps:	Flange Taps:		Differential:			Static Pressure:		Flowing Temp. (t)
	Run-Prover-Tester Size	Orifice Size	Meter-Prover-In. Water	Tester Pressure In. Merc.	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	
Orifice Meter	<u>3"</u>	<u>.750</u>			<u>100</u>	<u>.1</u>	<u>.761</u>	<u>60</u>
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)
<u>2.740</u>	<u>114.4</u>	<u>3.3%</u>	<u>1.146</u>	<u>1</u>	<u>1</u>	<u>.</u>

Gas Prod. MCFD Flow Rate (R): 10.6 Oil Prod. Bbls./Day: 2 Gas/Oil Ratio (GOR) = 5.3 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 31 day of Jan 19 94

For Offset Operator For State For Company