

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: 7-20-92
 Company: BIT P Petroleum Lease: Huffard Well No.: 7
 County: Kingman Location: 23 Township: 30 Range: 7 Acres:
 Field: S.G. Basil Reservoir: Mississippi Pipeline Connection: Cities Service
 Completion Date: Type Completion(Describe): Single Plug Back T.D.: Packer Set At:

Production Method: Flowing (Pumping) Gas Lift Type Fluid Production: Gas Oil Water API Gravity of Liquid/Oil:
 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: 7-19-92 Time: Ending Date: 7-20-92 Time: 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.	
1.67	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200 15 298	1	1	21.73	1	2 3/4	24.66	100	3
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range				Static Pressure:	
Pipe Taps:	Flange Taps:	Differential:						
Measuring Device	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)	Flowing Temp. (t)
Orifice Meter	3"	.750			100	.1	.760	
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coef. 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)
2.740	114.4	3.4	1.147	1	1.12-16-92	
Gas Prod. MCFD	Oil Prod. Ebls./Day:	3	Gas/Oil Ratio (GOR) =	3.6	Cubic Ft. per Bbl.	
Flow Rate (R):	11					

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 30 day of November 19 92

For Offset Operator: _____ For State: _____ For Company: Carl W. [Signature]