

15-095-21398-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-9-90
 Company BHP Petroleum Lease Hufford Well No. 7
 County Kingman Location 23 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 Weight I.D. Set At Perforations To
2 7/8

Pretest: Duration Hrs.
 Starting Date Time Ending Date Time
 Test: Duration Hrs.
 Starting Date 8-9-90 Time 9:00 Ending Date 8-10-90 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.			
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
<u>1.67</u>									
Pretest:									
Test:	<u>200</u>	<u>15298</u>	<u>2</u>	<u>9 3/4</u>	<u>56.01</u>	<u>2</u>	<u>11 3/4</u>	<u>59.35</u>	<u>100</u> <u>3</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range		Differential:		Static Pressure:	
Pipe Taps:	Flange Taps:						
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	<u>3"</u>	<u>.750</u>			<u>100</u>	<u>e1</u>	<u>758</u> <u>65</u>
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm) / $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
<u>2.740</u>	<u>114.4</u>	<u>3.4</u>	<u>1.149</u>	<u>.9952</u>	<u>1</u>	
Gas Prod. MCFD	Oil Prod. Bbls./Day:	Gas/Oil Ratio (GOR) =	Cubic Ft. per Bbl.			
Flow Rate (R): <u>10.6</u>	<u>3</u>	<u>3.5</u>				

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 15 day of NOV 19 90

For Offset Operator [Signature] For State [Signature] For Company Carl W. Durr