

EFD 12-1-86 ✓

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

1549-21953-00-00

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 11-21-86

Company: Robert Schulein Lease: Shinn Well No.: 10-8

County: Sumner Location: C-NW-SE Section: 8 Township: 30 Range: 3 Acres: [blank]

Field: [blank] Reservoir: KC Pipeline Connection: [blank]

Completion Date: 11-19-86 Type Completion (Describe): Pumping Plug Back T.D.: 3456 Packer Set At: NONE

Production Method: Pumping Type Fluid Production: Oil & Water API Gravity of Liquid/Oil: [blank]

Flowing (Pumping) Gas Lift [blank]

Casing Size	Weight	I.D.	Set At	Perforations	To
4 1/2	9.5	4	3508	3364	3371
Tubing Size	Weight	I.D.	Set At	Perforations	To
2 3/8	4.6	2	3416		

Pretest: [blank] Duration Hrs. [blank]

Starting Date [blank] Time [blank] Ending Date [blank] Time [blank] Duration Hrs. [blank]

Test: [blank] Duration Hrs. [blank]

Starting Date 11-21-86 Time 9:00 AM Ending Date 11-21-86 Time 2:00 PM. 6

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
Bbls./In.	Tank Size, Number	Starting Gauge		Ending Gauge		Net Prod. Bbls.			
		Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	5	11	118.33	7	0	140.00	NONE	21.67
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 In. Water	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD [blank] Oil Prod. Bbls./Day: 816.68 Gas/Oil Ratio (GOR) = [blank] Cubic Ft. per Bbl. [blank]

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 21 day of NOV 19 86

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

DEC 4 1986
 For Company
 CONSERVATION DIVISION
 Wichita, Kansas 12-4-86