

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 5-19-83

Company: Gamma Res Lease: Kulp Well No.: 1-33

County: Seward Location: NE-NE-SW Section: 33 Township: 32 Range: 31 Acres: _____

Field: Kismet Exp Reservoir: St Louis Pipeline Connection: Inland

Completion Date: 5-2-4-83 Type Completion (Describe): Single Plug Back T.D.: 5987 Packer Set At: none

Production Method: _____ Type Fluid Production: Oil API Gravity of Liquid/Oil: _____

Flowing Pumping Gas Lift

Casing Size: 4 1/2 Weight: 10.5 I.D.: _____ Set At: 5987 Perforations: 5946 To: 5956

Tubing Size: 2 3/8 Weight: _____ I.D.: _____ Set At: 5897 Perforations: _____ To: open

Pretest: Starting Date 5-18-83 Time 9 AM Ending Date 5-19-83 Time 9 AM Duration Hrs. 24

Test: Starting Date 5-19-83 Time 9 AM Ending Date 5-20-83 Time 9 AM 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.			
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									25	20
Test:	300	23	2	3		3	3		26	20
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 In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity (Gg)	Flowing Temp. (t)
Orifice Meter						STATE CORPORATION COMMISSION	
Critical Flow Prover						MAY 23 1983 5-23-83	
Orifice Well Tester	<u>none</u>					CONSERVATION DIVISION Wichita, Kansas	

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)

Gas Prod. MCFD: _____ Oil Prod. Bbls./Day: 20 Gas/Oil Ratio (GOR) = 0 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 _____ day of _____ 19____

For Offset Operator: _____ For State: K. Baker For Company: Terry Maxwell