

Conservation Division

TYPE TEST: Initial Annual ^X Workover Reclassification TEST DATE:

Company Pickrell Drilling Company Lease Kopf 'D' Well No. 1

County Kingman Location C SW SW Section 13 Township 30S Range 7W Acres -

Field Basil Reservoir Miss Pipeline Connection KGS

Completion Date 11-14-82 Type Completion(Describe) Single Plug Back T.D. 4138.5 Packer Set At ---

Production Method: Flowing Pumping X Gas Lift Oil water gas Type Fluid Production API Gravity of Liquid/Oil 40

Casing Size 4 1/2" OD Weight 10.5# I.D. 4148' Set At 4129 Perforations 4135 To 4135

Tubing Size 2 3/8" OD Weight 4.7# I.D. 4133' Set At 4133' Perforations --- To ---

Pretest: Starting Date 8-1-92 Time 9:00 AM Ending Date 8-2-92 Time 9:00 AM Duration Hrs 24 hrs

Test: Starting Date 8-1-92 Time 9:00 AM Ending Date 8-2-92 Time 9:00 AM Duration Hrs 24 hrs

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure --- Separator Pressure --- Choke Size ---

Casing:	Tubing:		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	200	126500	6	6	129.97	6	10	136.63	38	6.66
Test:	200	126501	6	10	136.63	7	2	143.31	38	6.68
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections --- Orifice Meter Range ---

Pipe Taps: X Flange Taps: --- Differential: 50 Static Pressure: 1000

Measuring Device	Run <u>---</u> Orifice Size <u>---</u>	Meter <u>---</u> In. Water <u>---</u>	Pressure <u>---</u> In. Merc. <u>---</u>	Diff. Press. (Psig) <u>---</u>	Gravity (Gg) <u>---</u>	Flowing Temp. (t) <u>---</u>
Orifice Meter	3	0.375		66	.758	60°
Critical Flow Prover						
Orifice Well Tester						

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb) <u>---</u>	Meter <u>---</u> Press. (Psia) <u>---</u>	Extension <u>---</u> $\sqrt{hw \times Pm}$	Gravity Factor (Fg) <u>---</u>	Flowing Temp. Factor (Ft) <u>---</u>	Deviation Factor (Fpv) <u>---</u>	Chart Factor (F) <u>---</u>
0.6848	80.65	8.981	1.149	1.000	1.000	1.000

Gas Prod. MCFD --- Oil Prod. --- Gas/Oil Ratio (GOR) --- 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 --- 1992

For Offset Operator --- For State --- For Company ---
 NOTE -- Meter is 50" x 50# but readings have been compensated, therefore, chart factor is 1.000.