

15-191-22247-00-00

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

CONFIDENTIAL

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 11-9-94

Company Union Valley Lease Alvin Well No. 3

County Sumner Location C-SE-SE Section 7 Township 35 Range 3W Acres

Field West Caldwell Reservoir MISS Pipeline Connection Total - Western Resc.

Completion Date 11-1-94 Type Completion (Describe) Single Plug Back T.D. Packer Set At

Production Method: Flowing Pumping Gas Lift Type Fluid Production API Gravity of Liquid/OIL

Casing Size 5 1/2 Weight 17 I.D. Set At 4916 Perforations 4610-4766 To

Tubing Size 5 1/2 Weight 17 I.D. Set At 4916 Perforations 4610-4766 To

Pretest: Starting Date 11-9-94 Time 1000 Ending Date 11-10-94 Time 1000 Duration Hrs. 24

Test: Starting Date 11-9-94 Time 1000 Ending Date 11-10-94 Time 1000 Duration Hrs. 24

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
1.16										
Pretest:										
Test:	210	405198	1'	4"		8'	10"		424	105
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 Pressure		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter	2	1.250			58	21		
Critical Flow Prover								
Orifice Well Tester								

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)
8.329	72.4	38.99	1.184	.99	1.008	

Gas Prod. MCFD 325 Oil Prod. Bbls./Day: 105 Gas/Oil Ratio (GOR) = 3095-1 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 10 day of November, 1994

For Offset Operator [Signature] For State [Signature] For Company [Signature]

RECEIVED
 DISTRICT #2
 JAN 11 1995
 WICHITA, KS

1-11-95