

Confidential
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15191-22245-00-00
CONFIDENTIAL N

Conservation Division/ Form C-5 Revised

TYPE TEST: Initial / Annual Workover Reclassification TEST DATE: 8-29-94

Company Valley Lease Subera Well No. 1

County Union Location C. SE. SE Section 6. Township 35 Range 3 Acres 1100

Field Summer Reservoir MISS Pipeline Connection Total & Western Rose

Completion Date 4-10-94 Type Completion (Describe) Single Plug Back T.D. 4911 Packer Set At

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

Flowing Pumping Gas Lift

Casing Size 3 1/2 Weight 52 I.D. 4.981 Set At 4981 Perforations 4818-4542 To 4442-56

Tubing Size 2 1/8 Weight 4855 I.D. 4.855 Set At 4855 Perforations To

Pretest: Starting Date 8-29-94 Time 1000 Ending Date 8-30-94 Time 1000 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.		
<u>1.16</u>	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>210</u>		<u>11</u>	<u>5</u>		<u>11</u>	<u>7</u>		<u>232</u>	<u>3</u>
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 In. Water	Tester Pressure In. Merc.	Differential Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	<u>I</u>			<u>9</u>	<u>5.6</u>	<u>8.4</u>		
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)			$\sqrt{hw \times Pm}$				

Gas Prod. MCFD 3 Oil Prod. Bbls./Day 3 Gas/Oil Ratio (GOR) = 3 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 30 day of August 19 94

For Offset Operator

For State

For Company

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