

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company: Imperial Oil Co Lease: _____ Well No.: 160
 County: Wellsford Location: Miss Kenderbach #11C Section: 6 Township: 28 Range: 15 Acres: _____
 Field: _____ Reservoir: _____ Pipeline Connection: _____

Completion Date: _____ Type Completion (Describe): _____ Plug Back T.D.: _____ Packer Set At: _____

Production Method: _____ Type Fluid Production: _____ API Gravity of Liquid/Oil: _____
 Flowing Pumping Gas Lift
 Casing Size: _____ Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____
 Tubing Size: _____ Weight: _____ I.D.: _____ Set At: _____ Perforations: _____ To: _____

Pretest: _____ Duration Hrs.: _____
 Starting Date: _____ Time: _____ Ending Date: _____ Time: _____
 Test: _____ Duration Hrs.: _____
 Starting Date: _____ Time: _____ Ending Date: _____ Time: _____

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:									
Test:	200							8 1/4	3 1/2
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	X	Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester Pressure In. Merc.	Pressure (Psig or (Pd))	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3"	.5000			130.5	1%	.649	298
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (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: _____ Oil Prod. Bbls./Day: 3 Bbls Gas/Oil Ratio (GOR) = _____
 Flow Rate (R): _____ 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 _____, 1984.

For Offset Operator: _____ For State: J. R. Taylor For Company: _____
 RECEIVED CORPORATION COMMISSION
 CONSERVATION DIVISION
 Wichita, Kansas
 11-6-84