

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-151-22131-00-00

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-4-94

Company: John O. Farmer Lease: McFall Well No. 1

County: Pratt Location: NENEWE Section: 28-29 Range: 13W Acres: 80

Field: Jem Reservoir: Simpson Sand Pipeline Connection: Farmland

Completion Date: 9-9-94 Type Completion (Describe): Single Oil Plug Back T.D.: 4634 Packer Set At: _____

Production Method: _____ Type Fluid Production: Oil API Gravity of Liquid/Oil: 33

Flowing Pumping Gas Lift

Casing Size: 5 1/2" x 14 1/2" + 15.5" (5.018 + 4.950) Weight: 46.32 I.D.: 2.375 Set At: 4632 Perforations: (Perfs. @ 4617-20) Open hole @ 4632-4634 To: _____

Tubing Size: 2 3/8" Weight: 4.70 I.D.: 2.375 Set At: 4632 Perforations: _____ To: _____

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

Test: Starting Date: 10-3-94 Time: 9:00 A.M. Ending Date: 10-4-94 Time: 9:00 A.M. Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure	Separator Pressure	Choke Size		
Casing: 5 1/2 " Tubing: 6 5/8"				
Bbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod. Bbls.
	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water Oil
Pretest:				
Test:	200 ^{not assigned yet.} West tank	3' 2"	4' 1"	18.33
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 In. Water In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter						
Critical Flow Prover						
Orifice Well Tester						

No Gas Sales

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension V/hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD: _____ Oil Prod. Bbls./Day: 18.33 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 4th day of October 19 94

For Offset Operator: _____ For State: Stephen J. Rafines For Company: John A. Kenzie

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____

LEASE _____ OF SEC. T R _____

WELL NO. _____ COUNTY _____

FIELD _____ PRODUCING FORMATION _____

Date Taken _____ Date Effective _____

Well Depth _____ Top Prod. Form _____ Perfs _____

Casing: Size _____ Wt. _____ Depth _____ Acid _____

Tubing: Size _____ Depth of Perfs _____ Gravity _____

Pump: Type _____ Bore _____ Purchaser _____

Well Status _____

Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____

Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS _____

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET