

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-059-21653-0500 ⁰⁹⁵

Form C-5 Revised

Conservation Division
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 4-9-92
 Company: Falcon Exp. Inc. Lease: Circle S Well No.: #1
 County: Kingman Location: B20 E3L-2970 EEL Section: 8 Township: 27 Range: S Acres:
 Field: Wildcat Reservoir: MISS Pipeline Connection: Clear Creek
 Completion Date: 11-1 Type Completion (Describe): Single Plug Back T.D.: 3787 Packer Set At:
 Production Method: Flowing Pumping Gas Lift Type Fluid Production: Saltwater/Oil API Gravity of Liquid/Oil:
 Casing Size: 5 1/2 Weight: I.D. Set At Perforations: To 3780 3783
 Tubing Size: 2 3/8 Weight: I.D. Set At Perforations: To 3785

Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.:
 Test: Starting Date: 4-9-92 Time: 1000 Ending Date: 4-10-92 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.		
667	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water	Oil		
Pretest:							
Test:	200 1455	3 10	4 5			11.69	
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. Psig or (Pd)	Diff. Press. (hw)	Flowing Pressure (t)
Orifice Meter						
Critical Flow Prover						
Orifice Well Tester	1	1/8		10		

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)			√hw x Pm				

Gas Prod. MCFD: Flow Rate (R): 4.3 Oil Prod. Bbls./Day: 11.69 Gas/Oil Ratio (GOR) = 367-1 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 3 19 92

For Offset Operator: _____ For State: _____ For Company: _____

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 _____