

15-095-00817-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: July-14-1985

Company Madak Energy Lease Messenger Well No. _____

County Kingman Location 19 Section 29S Township 72W Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

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

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

Flowing Pumping Gas Lift Water
 Casing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Tubing Size 2 3/8 Weight 4.7 I.D. _____ Set At _____ Perforations _____ To _____

Pretest: Starting Date July-14-1985 Time 9:00 Ending Date July-15-85 Time 9:00 Duration Hrs. 24

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

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:		<u>Metered</u>							<u>20</u>	<u>-</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range				Static Pressure:		
Pipe Taps:	Flange Taps:	Differential:						
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	<u>4</u>	<u>5/8</u>			<u>40</u>	<u>12</u>		
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (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)
<u>1.892</u>		<u>21.9</u>	<u>1.195</u>			

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft
 Flow Rate (R): 49 Bbls./Day: 0 (GOR) = 49 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 July 15 day of 15 1985

For Offset Operator _____ For State _____ For Company _____