

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: Donald C. Slawson Lease: Killian Hill Unit "A" Well No.: 1

County: Sedgwick Location: SE/NE/NE Section: 11 Township: 29 Range: 1W Acres:

Field: 1 Reservoir: Simpson Pipeline Connection: Inland

Completion Date: 10-31-85 Type Completion(Describe): Plug Back T.D. 3692 Packer Set At:

Production Method: Pumping Type Fluid Production: oil API Gravity of Liquid/Oil: 45.2 OSP

Flowing Casing Size: 4 1/2 Weight: 10.5 I.D.: 4 Set At: 3684 Perforations: 3677-81 To:

Tubing Size: 2 3/8 Weight: 4.6 I.D.: 2 Set At: 3682 Perforations: To:

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 11-7-85 Time 8:00 AM Ending Date 11-7-85 Time 10:00 AM Duration Hrs. 3

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	Feet	Inches	Water Oil
Pretest:						
Test:	200	5549	2 7/8	52.19	3-6	70.01 17.82
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) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (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)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 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 _____ day of _____ 19__

For Offset Operator

For State

For Company RECEIVED
 STATE CORPORATION COMMISSION

send copy

WK

NOV 12 1985

CONSERVATION DIVISION