

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 Well No. 2

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

Field SIMPSON Reservoir Inland Pipeline Connection

Completion Date 11-1-85 Type Completion(Describe) 3702 Plug Back T.D. Packer Set At

Production Method: Flowing Pumping Gas Lift Type Fluid Production API Gravity of Liquid/Oil 45.2

Casing Size	Weight	I.D.	Set At	Perforations	To
<u>4 1/2</u>	<u>10.5</u>	<u>4"</u>	<u>3688</u>	<u>3684-88</u>	<u>3688-02</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 3/8</u>	<u>4.6</u>	<u>2</u>	<u>5680</u>		

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 11-7-85 Time 12:00 NOON Ending Date 11-7-85 Time 4:00 PM Duration Hrs. 4

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>200</u>	<u>5549</u>	<u>4</u>	<u>1 1/4</u>	<u>82.08</u>	<u>5</u>	<u>3 1/2</u>	<u>105.84</u>		<u>23.76</u>
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.	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)	Extension (Pm) / sqrt(hw x 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

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