

Conservation Division Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: Slawson Oil Lease: Killien Hill Well No.: 1

County: Sedgwick Location: NE/4 Section: 11 Township: 29 Range: 1 Acres:

Field: Simpson Reservoir: in hand Pipeline Connection:

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

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

Flowing Pumping Gas Lift

Casing Size: 4 1/2 Weight: 7 I.D.: 4 Set At: Perforations: To:

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

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

Test: Starting Date: 6-12-86 Time: 1:00 PM Ending Date: 6-13-86 Time: 1:00 PM Duration Hrs.: 2.4

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	Tubing:					<u>NONE</u>				
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.		
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	200	3944	1	3	250	2	6	50	0	25
Test:										
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			Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
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: 25 Oil Prod. Bbls./Day: 25 Gas/Oil Ratio (GOR) = 25 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 19 day of 19

For Offset Operator: [Signature] For State: [Signature] For Company: Stanley Witham

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: Killien Hill Unit "A" Well No.: 1

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

Field: Simpson Reservoir: Inland Pipeline Connection:

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

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

Flowing Casing Size: <u>4 1/2</u>	Weight: <u>10.5</u>	I.D.: <u>4</u>	Set At: <u>3684</u>	Perforations: <u>3677-81</u>	To:
Tubing Size: <u>2 3/8</u>	Weight: <u>4.6</u>	I.D.: <u>2</u>	Set At: <u>3682</u>	Perforations:	To:

Pretest: 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

Casing:	Tubing:	Producing Wellhead Pressure			Separator Pressure			Choke Size	
		Bbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod. Bbls.	Water	Oil	
Pretest:									
Test:	<u>200</u>	<u>5549</u>	<u>2</u>	<u>7 1/4</u>	<u>52.19</u>	<u>3</u>	<u>6</u>	<u>70.01</u>	<u>17.82</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Pipe Taps:	Flange Taps:	Orifice	Orifice Meter Connections			Orifice Meter Range		Static Pressure:
			Meter-Tester	Prover	Pressure	Diff. Press.	Gravity	
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (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: 142.52 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: Glen Ward by MP/KCC For Company: