

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-173-20745-0000

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 6-12-86
 Company: Donald C. Slowson Lease: Hillman Hill Well No. 2
 County: Sedgewick Location: NE/4 Section: 11 Township: 29 Range: 1W Acres:
 Field: Reservoir: SIMPSON Pipeline Connection: IN HAND
 Completion Date: Type Completion(Describe): Plug Back T.D. Packer Set At:

Production Method: Type Fluid Production API Gravity of Liquid/Oil
 Flowing Pumping Gas Lift
 Casing Size: 4 1/2 Weight I.D. Set At Perforations To
 Tubing Size: 2 3/8 Weight I.D. Set At Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.
 Test: Starting Date 6-12-86 Time 11:00 PM Ending Date 6-13-86 Time 1:00 PM 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.			
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	3945	2	0	40	9	6	190	7 150
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 In. Water	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 Oil Prod. Bbls./Day: 150 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: Stanley Williams

15-173-20745-0000

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: _____ Acres: _____

Field: _____ Reservoir: SIMPSON Pipeline Connection: Inland

Completion Date: 11-1-85 Type Completion(Describe): _____ Plug Back T.D.: 3702 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>3680</u>		

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

Test: _____ Duration Hrs.: _____
 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-Tester In. Water	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)

Coef. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
		$\sqrt{hw \times Pm}$				

Gas Prod. MCFD: _____ Oil Prod. Bbls./Day: 142.56 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: [Signature] For Company: _____