

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Donald C. Slawson Lease Love 'D' Well No. 1

County Sedgwick Location C-NE/4 Section 13 Township 29 Range 1 Acres

Field MISSISSIPPI Reservoir inland crude Pipeline Connection

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

Production Method: Pumping Type Fluid Production oil & water API Gravity of Liquid/Oil 41

Flowing Pumping Gas Lift

Casing Size	Weight	I.D.	Set At	Perforations	To
<u>4 1/2</u>		<u>4"</u>	<u>3574</u>	<u>3308</u>	<u>3322</u>
Tubing Size	Weight	I.D.	Set At	Perforations	To
<u>2 7/8</u>		<u>2</u>	<u>3348</u>		

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 8-1-83 Time 9:00 Ending Date 8-2-83 Time 9:00 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:	<u>250 3083</u>	<u>1</u>	<u>0</u>	<u>20.0</u>	<u>2</u>	<u>4 1/2</u>	<u>27.49</u>	<u>8</u>	<u>27.49</u>
Test:	<u>250 3084</u>								

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 In. Merc.	Pressure 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)	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 2 day of Aug 1983

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

RECEIVED STATE CORPORATION COMMISSION

2119 05 1983

08-05-83

STATE CORPORATION COMMISSION