

Jim Newman

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

15-095-20771-00-01

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 6-24-86

Company A.P.C. Lease DYE Well No. 1

County KINGMAN Location 17 Section 28 Township 6W Acres

Field GREENLEAF Reservoir MISS Pipeline Connection NONE

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 Weight I.D. Set At Perforations To

Tubing Size Weight I.D. Set At Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 6-24-86 Time 11:00 AM Ending Date 6-24-86 Time 12:00 Duration Hrs. 1 Hour

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing: <u>860</u>			Tubing: <u>SHUT IN</u>			<u>840 FLOWING</u>				
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										<u>0</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	<u>2</u>	<u>375</u>		<u>50</u>	<u>1384</u>	<u>.650</u>	<u>60</u>

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
<u>0.2716</u>	<u>64.4</u>	<u>298.55</u>	<u>1.240</u>	<u>1.000</u>		

Gas Prod. MCFD Flow Rate (R): 100.5 Oil Prod. Bbls./Day: 0 Gas/Oil Ratio (GOR) = 0 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 W. K. G. T. O. For Company _____

STATE CORPORATION COMMISSION

JUL - 9 1986

CONSERVATION DIVISION
Wichita, Kansas

FILE
Send copy to A.P.C.