

15-151-01574-00-00

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company FXC Lease Bayant Well No. 3

County PRAIRIE Location New New Section 9 Township 27 Range 13 Acres

Field Springvale NW Reservoir U/O/A Pipeline Connection Clear Creek

Completion Date 3-1-85 Type Completion (Describe) Set thru + P.C.C. Plug Back T.D. 4820 Packer Set At

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

Flowing Pumping Gas Lift

Casing Size 5 1/2 Weight I.D. Set At Perforations 4684 To 4694

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

Pretest: Duration Hrs.

Starting Date 9-11-85 Time 9:30 Ending Date Time

Test: Duration Hrs.

Starting Date 9-11-85 Time 9:30 Ending Date 9-12-85 Time 9:30

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:	300	1432	8	5	168	13	7 3/4	283	0	104
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.	Paig or (Pd)			
Orifice Meter	All Gas is being used to operate lease equipment							
Critical Flow Prover								
Orifice Well Tester								

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)
		√hw x Pm				

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 104 bbl 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 12 day of September 1985

For Offset Operator _____ For State _____ For Company: _____

SEP 16 1985 9-16-85