

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

21599

Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:
 Company TXO Lease Bogart Well No. C # 5
 County PEAY Location 990w/330w Section 9 Township 29 Range 15 Acres
 Field Springdale Reservoir Walt Pipeline Connection Clear Creek
 Completion Date 6-14-85 Type Completion (Describe) set three separator Plug-Back T.D. 4800 Packer Set At
 Production Method: Type Fluid Production API Gravity of Liquid/Oil
 Flowing (Pumping) Gas Lift
 Casing Size 2 1/2 Weight I.D. Set At Perforations To
4799 4686 4696
 Tubing Size 2 7/8 Weight I.D. Set At Perforations To
4758

Pretest: Duration Hrs.
 Starting Date Time 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:										
Test:	<u>300</u>	<u>1014</u>	<u>1</u>	<u>5 1/2</u>	<u>29</u>	<u>7</u>	<u>1 1/2</u>	<u>143</u>	<u>18</u>	<u>114</u>
Test:	<u>114 bbl - 24 bbl for #1 + #2 = 90 bbl</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-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	<u>All Gas Being Used to Power Lease Equipment</u>							
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: 90 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 _____
 STAFF COMPANY COMMISSION

9-16-85

SEP 16 1985