

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division  
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 12/6/84  
 Company: Imperial Oil Lease: Spines Well No. 1-4  
 County: Pratt Location: W/2 NE SW 4 Township: 29S Range: 15W Acres: [blank]  
 Field: Wildcat Springvale Reservoir: Viola Pipeline Connection: Inland  
 Completion Date: 10/17/84 Type Completion (Describe): Set through + perforate Plug Back T.D. Packer Set At  
 Production Method: Type Fluid Production API Gravity of Liquid/Oil: 39  
 Flowing: Pumping Gas Lift  
 Casing Size: 5 1/2 Weight: 14# I.D. Set At: 4874 Perforations: 4724 To: 4730  
 Tubing Size: 2 3/8 Weight: I.D. Set At: 4730 Perforations: To

Pretest: Starting Date 12-6 Time 9:30 AM Ending Date Time Duration Hrs.  
 Test: Starting Date 12-6 Time 9:30 AM Ending Date 12-7-84 Time 9:30 Duration Hrs. 24 HRS.

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	Feet	Inches	Water	Oil
Pretest:	water	3	11	4'	2"	5	
Test:	300 4072	1	10.2	2	9".3	5	18.4
Test:	300 4071	11	9	11	9.0		

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.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter			TRACE OF GAS					
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. (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 Flow Rate (R): Oil Prod. Bbls./Day: 18.4 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 7<sup>th</sup> day of Dec 19 84

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