

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & COR REPORT

15-095-00005-0000

Conservation Division

OCT 1 1988 Form C-5 Rev 1

TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Lease Well No. _____
 COMPANY: TEXACO INC Location: Alameda Unit #2 Well No. 4-1
 County: Hingman Location: C-NW-NW Section: 26 Township: 28S Range: 7W Acres: _____
 Field: Alameda #9 Reservoir: MISS Pipeline Connection: Texaco - City Service
 Completion Date: 3-22-76 Type Completion (Describe): Gas/water Plug Back T.D.: 4340 Packer Set At: None
 Production Method: _____ Type Fluid Production: _____ API Gravity of Liquid/Oil: _____
 Flowing Pumping Gas Lift _____
 Casing Size: 5 1/2 weight: 15.5 I.D.: 5 Set At: 4357 Perforations: 3980 To: 3986
 Tubing Size: 2 3/8 Weight: 4.7 I.D.: 2 Set At: 3937 Perforations: 3913 To: 3917
 Pretest: _____ Duration Hrs. _____
 Starting Date: 9-6 Time: NOON Ending Date: 9-7 Time: NOON Duration Hrs. 24
 Test: _____ Duration Hrs. _____
 Starting Date: 9-7 Time: 12 Ending Date: 9-8 Time: 12 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing wellhead Pressure	Separator Pressure	Choke Size		
Casing: <u>65</u> Tubing: <u>65</u>				
Bbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod, Bbls.
	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water Oil
Pretest:	<u>200 Test</u>	<u>1 0 20.07</u>	<u>8 0 180.14</u>	<u>140.07 0</u>
Test:	<u>200 Test</u>	<u>1 0 20.07</u>	<u>8 0 180.14</u>	<u>140.07 0</u>
Test:				

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections	Orifice Meter Range					
Pipe Taps: _____ Flange Taps: _____	Differential: <u>180</u> Static Pressure: <u>1,000</u>					
Measuring Device	Run-Prover-Tester	Orifice Size	Meter-Prover-Tester Pressure	Diff. Press.	Gravity	Flowing
	Tester Size	Size	In. Water In. Merc. Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter	<u>4"</u>	<u>1"</u>	<u>10-18-88</u>	<u>18</u>		
Critical Flow Prover						
Orifice Well Tester						

GAS PRODUCTION CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter Prover Press. (Psia)(Fm)	Grav. Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fov)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): 55 Oil Prod. Bbls./Day: 0 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 day of 9 1988

For Offset Operator

For State

For Company

[Signature]