

STATE OF KANSAS - CORPORATION COMMISSION 15-095-1906700-01  
 PRODUCTION TEST & GOR REPORT

Conservation Division OCT 1 1988 Form C-5 Revised  
 TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-4-88  
 Company: TEXACO INC Lease: Alameda Unit #12 Well No.: 13-2

County: Kingman Location: NW-SE Section: 27 Township: 28S Range: 2W Acres: 160  
 Field: Alameda Reservoir: MISS. Pipeline Connection: TEXACO - CITY SERVICE

Completion Date: 2-19-62 Type Completion (Describe): oil & water Plug Back T.D.: 4290 Packer Set At: 3724

Production Method: Type Fluid Production: API Gravity of Liquid/Oil: 37.24

Flowing Pumping Gas Lift  
 Casing Size: 5 1/2 weight: 11.6 I.D.: 5 Set At: 4437 Perforations: 4014 To: 4047  
 Tubing Size: 2 1/2 weight: 6.4 I.D.: 2 Set At: 3724 Perforations: open end To: 3724

Pretest: Starting Date: 9-16 Time: NOON Ending Date: 9-17 Time: NOON Duration Hrs: 24  
 Test: Starting Date: 9-17 Time: NOON Ending Date: 9-18 Time: NOON Duration Hrs: 24

OIL PRODUCTION OBSERVED DATA

Producing wellhead pressure: Separator Pressure: Choke Size:

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:	200	Test	1	0	20.07	2	8	53.52	33.47	0
Test:	200	Test	1	0	20.07	2	8	53.54	33.47	0
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range	
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:
Measuring Device: Orifice Meter	Run-Prover-Tester Size: 4	Orifice Size: 1"	Differential: 100 Static Pressure: 1000
Meter Prover: Orifice Well Tester	Tester Pressure: 10-18-88	Diff. Press. (hw) or (hd):	Gravity Gas (Gg):
Flowing Temp. (t):			

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Lm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fov)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): 260 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 21st day of 9 1988

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