

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-095-20388-0000 Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 10-21-85

Company Texaco Inc Lease D.E. Berthoff Well No. 2

County Kingman Location 100' SW-C - SW-SW Section 23 Township 29 Range 8 Acres 160

Field Belmont Center Reservoir Miss Pipeline Connection PN6 - Permian

Completion Date 8-22-76 Type Completion(Describe) OIL Plug Back T.D. 4236 Packer Set At

Production Method: Pumping Gas Lift Type Fluid Production OIL & Water API Gravity of Liquid/Oil 36.0

Casing Size 5 1/2 Weight 15.5 I.D. Set At 4270 Perforations 4162 To 4210

Tubing Size 3 1/2 Weight 9.2 I.D. Set At 4224 Perforations To

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date Time Ending Date Time Duration 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	Barrels	Feet	Inches	Barrels	Water	Oil
<u>167</u>										
Pretest:										
Test:	<u>200</u>								<u>846</u>	<u>70</u>
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 In. Water	Pressure In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
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 Oil Prod. Gas/Oil Ratio Cubic Ft.
 Flow Rate (R): Bbls./Day: (GOR) = 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 28th day of October 19 85

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

Casing has been shut in all of 1985. No gas contract DEC 16 1985