

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: 10-27-86
 Company Texaco Inc. Lease D.E. Bertholf 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 Texaco - Permian
 Completion Date 8-22-76 Type Completion (Describe) OIL Plug Back T.D. 4236 Packer Set At
 Production Methods: Type Fluid Production API Gravity of Liquid/OIL
 Flowing Pumping Gas Lift
 Casing Size Weight I.D. Set At Perforations To
 Tubing Size Weight I.D. Set At Perforations To
 Pretest: Gas SI ALL YEAR Time Ending Date Time Duration Hrs.
 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>842</u>	<u>60</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 Pressure			Diff. Press.	Gravity	Flowing
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter	<u>4</u>	<u>.750</u> <u>1.250</u>						
Critical Flow Prover								
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)
<u>4.874</u>		<u>65.48</u>	<u>1.240</u>			

Gas Prod. MCFD Flow Rate (R): 180 Oil Prod. Bbls./Day: 60 Gas/Oil Ratio (GOR) = 3.000 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 _____ day of Nov 19 86

For Offset Operator _____ For State _____
 STATE CORPORATION COMMISSION
Wm. B. Pyle

 For _____ Company
 DEC 4 1986
 12-04-86
 CONSERVATION DIVISION
 Wichita, Kansas