

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

R

PRODUCTIVITY TEST
BARREL TEST

NOTE: RETEST

OPERATOR Red Oak LOCATION OF WELL 60'S of NE SW NW
LEASE Kraukenberg OF SEC. 20 T 22 S R 12 W
WELL NO. 3 COUNTY Stafford
FIELD _____ PRODUCING FORMATION Viola

Date Taken 4-27-92 Date Effective _____

Well Depth 3748 Top Prod. Form 3635 Perfs 3635-39
Casing: Size 5 1/2 Wt. 14# Depth 3746 Acid _____
Tubing: Size 2 7/8 Depth of Perfs 3746 Gravity 34
Pump: Type _____ Bore _____ Purchaser Farmland
Well Status Pumping
Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST 24 HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) 20

OIL PRODUCTION RATE (BARRELS PER DAY) 25.05 PRODUCTIVITY

STROKES PER MINUTE 12

LENGTH OF STROKE 64 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS mail copy to operator 200 W Douglas Ave KH 150
Wichita Ks 67202-3005

first test 3-26 & 3-27 - inaccurate

WITNESSES:

David Rankin [Signature]
FOR STATE FOR OPERATOR FOR OFFSET

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company _____ Lease _____ Well No. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

Completion Date _____ Type Completion(Describe) _____ Plug Back T.D. _____ Packer Set At _____

Production Method: _____ 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: _____ Duration Hrs. _____
 Starting Date Time Ending Date Time

Test: _____ Duration Hrs. _____
 Starting Date Time Ending Date Time

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
Pretest:									
Test:	3158	1	8	33.4	2	11	58.45	20	25.05
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								
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)

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 _____ day of _____ 19____

For Offset Operator

For State

For Company