

15-185-30402-00-01

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR JH Beaver Unit LOCATION OF WELL NW SW SE
 LEASE Welsh Beaver Unit OF SEC. 16 T 23 R 14
 WELL NO. Tract 2 well #1 COUNTY Stafford
 FIELD _____ PRODUCING FORMATION Simpson
 Date Taken 1-25-88 Date Effective JAN 1 1989
 Well Depth 4033 PBT04004 Top Prod. Form _____ Perfs _____
 Casing: Size 5 1/2 Wt. _____ Depth 4033 Acid _____
 Tubing: Size 2 3/8 Depth of Perfs 3976-86 Gravity _____
 Pump: Type INSERT Bore 1 1/2" Purchaser Permiam
 Well Status Pumping
 Pumping, flowing, etc.

TEST DATA

Permanent Field Special _____
 Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED _____ HOURS
 SHUT IN 0 HOURS
 DURATION OF TEST _____ HOURS 3 MINUTES 30 SECONDS
 GAUGES: WATER _____ INCHES 92 PERCENTAGE
 OIL _____ INCHES 8 PERCENTAGE
 GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____ 25
 WATER PRODUCTION RATE (BARRELS PER DAY) _____ 23
 OIL PRODUCTION RATE (BARRELS PER DAY) _____ 2 PRODUCTIVITY
 STROKES PER MINUTE _____ 8
 LENGTH OF STROKE _____ 24 INCHES
 REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY _____
 COMMENTS Well on line clock - 5 gal test

RECEIVED
 STATE CORPORATION COMMISSION
 JAN 31 1989
 CONSERVATION DIVISION
 Wichita, Kansas

JH Beaver Unit
PO Box 1603
Great Bend, Ka 67530

WITNESSES:

Dean Rankin FOR STATE
William G. Jones FOR OPERATOR
 _____ FOR OFFSET

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Form C-5 Revised

Conservation Division

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 _____

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										
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. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In.Water	In.Merc.	Psig or (Pd)			
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. Bbls./Day: _____ 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 _____ day of _____ 19____

For Offset Operator

For State

For Company