

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR She Beaver Unit LOCATION OF WELL 9907SL^{1/2} 90 FULL NE 1/4
 LEASE Welsh Beaver Unit OF SEC. 16 T 23 R 14
 WELL NO. Tract 1 Well 2 COUNTY Stafford
 FIELD _____ PRODUCING FORMATION Simpson
 Date Taken 1-25-88 Date Effective JAN 1 1989
 Well Depth 3996 PB-3973 Top Prod. Form 3950 Perfs 3952-3968
 Casing: Size 5 1/2 Wt. 15.5# Depth 3992 Acid _____
 Tubing: Size 2 7/8 Depth of Perfs _____ Gravity _____
 Pump: Type Insert Bore 1 1/2 Purchaser _____
 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 2 MINUTES 10

GAUGES: WATER _____ INCHES 97.5 PERCENTAGE

OIL _____ INCHES 2.5 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 78

WATER PRODUCTION RATE (BARRELS PER DAY) 76

OIL PRODUCTION RATE (BARRELS PER DAY) 2

STROKES PER MINUTE 12

LENGTH OF STROKE 36 INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS on time clock - 5 gal test

RECEIVED
STATE CORPORATION COMMISSION

JAN 31 1989

CONSERVATION DIVISION
Wichita, Kansas

PRODUCTIVITY

She Beaver Unit
P O Box 1603
Great Bend Ks 67530

WITNESSES:

Oscar 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.	Casing:		Tubing:			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)	MCFD (Fp)	OWTC	Meter-Prover Press. (Psia)	Extension (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