

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST

BARREL TEST

5 gal

OPERATOR _____ LOCATION OF WELL SWSW NE
LEASE R J Welsh OF SEC. 16 T 23 R 14
WELL NO. Tract 1 well-1 COUNTY Stafford
FIELD _____ PRODUCING FORMATION KC

Date Taken 1-25-89 Date Effective JAN 1 1989

Well Depth 4006 Top Prod. Form _____ Perfs _____
Casing: Size 5 1/2 Wt. 17# Depth 3797 Acid 4000 gal gelled (1984)
Tubing: Size 2 3/8 Depth of Perfs 3664-74 & 3736-42 Gravity 30
Pump: Type insert Bore 1 1/2 Purchaser Perm
Well Status Pumping
Pumping, flowing, etc.

TEST DATA

Permanent _____ Field X Special _____
Flowing _____ Swabbing _____ Pumping V

STATUS BEFORE TEST:

PRODUCED 24 HOURS

SHUT IN 0 HOURS

DURATION OF TEST _____ HOURS 2 MINUTES 40 SECONDS

GAUGES: WATER _____ INCHES 98.98% PERCENTAGE

OIL _____ INCHES 2.70 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 64.3

WATER PRODUCTION RATE (BARRELS PER DAY) 630

OIL PRODUCTION RATE (BARRELS PER DAY) 1.3

STROKES PER MINUTE 10

LENGTH OF STROKE 44 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS 5 gal Test ~~water~~

RECEIVED
STATE CORPORATION COMMISSION

JAN 31 1989

CONSERVATION DIVISION
Wichita, Kansas PRODUCTIVITY

Sho Beavel Unit
Po Box 1603
Great Bend Ks 67530

WITNESSES:

Deane Rankin
FOR STATE

William B. 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. _____ 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