

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

NP

PRODUCTIVITY TEST
BARREL TEST

OPERATOR Bankoff Oil LOCATION OF WELL C SE SE SE
LEASE Minerals OF SEC. 9 T 20 S R 24 W
WELL NO. 3 COUNTY Ness
FIELD _____ PRODUCING FORMATION MISS.

Date Taken 7-1-92 Date Effective _____

Well Depth 4423' Top Prod. Form 4378' Perfs OH 4410'-23'

Casing: Size 5 1/2" Wt. 14. # Depth 4410' Acid YES

Tubing: Size 2 7/8" Depth of Perfs 4390' Gravity 39

Pump: Type Jasert Bore 1 1/2" Purchaser MOC Marketing

Well Status pumping
Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
Flowing _____ Swabbing _____ Pumping

STATUS BEFORE TEST:

PRODUCED 24 HOURS

SHUT IN 0 HOURS

DURATION OF TEST 24 HOURS 0 MINUTES 0 SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 36.5

WATER PRODUCTION RATE (BARRELS PER DAY) 6.5

OIL PRODUCTION RATE (BARRELS PER DAY) 30

STROKES PER MINUTE 8

LENGTH OF STROKE 64 INCHES

REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS _____

RECEIVED
STATE CORPORATION COMMISSION

JUL 6 1992

CONSERVATION DIVISION
Wichita, Kansas

PRODUCTIVITY

WITNESSES:

Dan Anderson

Brad Seib

FOR STATE

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 _____

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)(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