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STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT 15-097-20742-00-02

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 4-26-93

Company Jim Emerson Lease Peoples Bank Well No. 1-25

County Kiowa Location NW NW NW Section 25 - Township 28 S - Range 16 W Acres 10

Field Wellsford South Reservoir Miss. Pipeline Connection Koch

Completion Date 8-14-1992 Type Completion (Describe) Acid + Etac Plug Back T.D. 4730' Packer Set At

Production Method: Flowing Pumping Gas Lift Type Fluid Production Oil + Wt. API Gravity of Liquid/Oil 38

Casing Size 5 1/2" Weight (65 lbs + 11" + 83 lbs + 15.5") I.D. Set At 4764 Perforations To 4642-50 + 4652-66

Tubing Size 2 3/8" Weight 4.7# I.D. Set At 4696 Perforations To 4682 - 4685

Pretest: Starting Date 4-25-93 Time 9:00 AM Ending Date 4-26-93 Time 9:00 AM Duration Hrs. 24

Test: Starting Date 4-25-93 Time 9:00 AM Ending Date 4-26-93 Time 9:00 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Separator Pressure Choke Size

Casing: 200# Tubing: 325#

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									80	
Test:	250	196460	8'	9"	175.03	9	5"	188.35	80	13.32
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 In. Water	Pressure In. Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(CWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 13.32 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 26th day of April 1993

For Offset Operator [Signature] For State [Signature] For Company [Signature]

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
 LEASE _____ OF SEC. _____ T _____ R _____
 WELL NO. _____ COUNTY _____
 FIELD _____ PRODUCING FORMATION _____
 Date Taken _____ Date Effective _____
 Well Depth _____ Top Prod. Form _____ Perfs _____
 Casing: Size _____ Wt. _____ Depth _____ Acid _____
 Tubing: Size _____ Depth of Perfs _____ Gravity _____
 Pump: Type _____ Bore _____ Purchaser _____
 Well Status _____
 Pumping, flowing, etc.

TEST DATA

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

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET