

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-097-21075-0000

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 3/18/86

Company: A.L. Abercrombie Lease: Crowe Well No. #1

County: Kiowa Location: C NE NW Section: 32 Township: 30S Range: 18W Acres:

Field: Reservoir: Mississippi Pipeline Connection: Koch + KGS

Completion Date: Type Completion (Describe): Single set through + perforate Plug Back T.D.: 5070 Packer Set At:

Production Method: Type Fluid Production: oil API Gravity of Liquid/Oil:

Flowing (Pumping) Gas Lift: oil

Casing Size: 5 1/2" Weight: I.D. Set At: 5071 Perforations: 5053 - 62 To:

Tubing Size: 2 3/8" Weight: I.D. Set At: 5045 Perforations: To:

Pretest: Duration Hrs.

Starting Date: Time: Ending Date: Time:

Test: Duration Hrs.

Starting Date: 3/18 Time: 10:00 Ending Date: 3-19-86 Time: 10:00

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size	
Casing:			Tubing:				
Bbls./In.	Tank	Starting Gauge	Ending Gauge		Net Prod. Bbls.		
	Size Number	Feet Inches Barrels	Feet Inches Barrels	Water	Oil		
Pretest:							
Test:	250 47626	7' 5" 149	9' 4 1/2" 188	trace	37		
Test:							

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps: X		Flange Taps:		Differential: 1000		Static Pressure: 1000	
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure In. Water	Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	4"	.750		320	60	.650	150
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension V/hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
2.793	320	138.56	1.204	.9233		

Gas Prod. MCFD: 430.20 Oil Prod. Bbls./Day: 37 Gas/Oil Ratio (GOR) = 12 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 4-4 day of April 1986

For Offset Operator: Joe P. [Signature] For State: For Company:

APR 14 1986

4-14-86