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:**

**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:**

**Test:**

**Starting Date:**

**Time:**

**Ending Date:**

**Time:**

**Duration Hrs.:**

**OIL PRODUCTION OBSERVED DATA**

<table>
<thead>
<tr>
<th>Casing:</th>
<th>Tubing:</th>
<th>Separator Pressure</th>
<th>Choke Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 1/2</td>
<td>2 1/4</td>
<td>2,071</td>
<td>1,507</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>204,16</td>
<td>204,16</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>204,16</td>
<td>204,16</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>204,16</td>
<td>204,16</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>204,16</td>
<td>204,16</td>
</tr>
<tr>
<td>2 1/4</td>
<td>2 1/4</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**GAS PRODUCTION OBSERVED DATA**

<table>
<thead>
<tr>
<th>Orifice Meter Connections</th>
<th>Orifice Meter Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pipe Taps:</strong></td>
<td><strong>Flange Taps:</strong></td>
</tr>
<tr>
<td><strong>Measuring Device:</strong></td>
<td><strong>Differential:</strong></td>
</tr>
<tr>
<td><strong>Orifice Size:</strong></td>
<td><strong>Static Pressure:</strong></td>
</tr>
<tr>
<td><strong>Run-Prover Tester Size:</strong></td>
<td><strong>Gas Product:</strong></td>
</tr>
<tr>
<td><strong>Orifice Meter:</strong></td>
<td><strong>Flow Prover:</strong></td>
</tr>
<tr>
<td><strong>Critical Flow Prover:</strong></td>
<td><strong>Orifice Well Tester:</strong></td>
</tr>
</tbody>
</table>

**GAS FLOW RATE CALCULATIONS (R)**

<table>
<thead>
<tr>
<th>Coeff. MCFD</th>
<th>Meter-Prover Press. (Psia)</th>
<th>Extension Vhw x Pa</th>
<th>Gravity Factor (Fg)</th>
<th>Flowing Temp Factor (Ft)</th>
<th>Deviation Factor (Fpv)</th>
<th>Chart Factor (Fd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.5</td>
<td>9258</td>
<td>1/000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Gas Prod. MCFD:**

**Oil Prod. Bbls./Day:**

**Gas/Oil Ratio (GOR):**

**Flow Rate (R):**

**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 17th day of August, 1984.

For Offset Operator: ___________________________ For State: ___________________________

For Company: ___________________________