

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form C-5  
January 2011

**PRODUCTION TEST & GOR REPORT**

**IMPORTANT:** This form is intended to convey information pertinent to a single well, not an entire lease.  
In so far as possible, while testing the well, production of both oil and natural gas shall be held within assigned daily allowable limits.

TYPE TEST:  Initial  Annual  Workover  Reclassification TEST DATE: \_\_\_\_\_

Company: \_\_\_\_\_ Lease: \_\_\_\_\_ Well No.: \_\_\_\_\_

County: \_\_\_\_\_ Location: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ R. \_\_\_\_\_  East  West Acres: \_\_\_\_\_

API Well No.: \_\_\_\_\_ Reservoir(s): \_\_\_\_\_ Gas Pipeline Connection: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Liquid to Surface Thru (Describe): \_\_\_\_\_ Plug Back T.D.: \_\_\_\_\_ Packer Set At: \_\_\_\_\_

Lifting Method:  None  Pumping  Gas Lift  ESP Type Liquid: \_\_\_\_\_ API Gravity of Liquid / Oil: \_\_\_\_\_

Casing Diameter: \_\_\_\_\_ Weight: \_\_\_\_\_ I.D.: \_\_\_\_\_ Set At: \_\_\_\_\_ Perforations: \_\_\_\_\_ To: \_\_\_\_\_

Tubing Diameter: \_\_\_\_\_ Weight: \_\_\_\_\_ I.D.: \_\_\_\_\_ Set At: \_\_\_\_\_ Perforations: \_\_\_\_\_ To: \_\_\_\_\_

|  |  |
|--|--|
| <b>Pretest</b>   |  |
| Starting Date: _____ Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM | Ending Date: _____ Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM |
| <b>Test</b>  |  |
| Starting Date: _____ Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM | Ending Date: _____ Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM |

**OIL PRODUCTION OBSERVED DATA**

| Casing:   | Producing Wellhead Pressure |         |                | Separator Pressure |         |              | Choke Size |         |               |     |
|-----------|-----------------------------|---------|----------------|--------------------|---------|--------------|------------|---------|---------------|-----|
|           | Psig                        | Tubing: | Psig           | Psig               | Psig    | Psig         | Psig       | Psig    | Psig          |     |
| Bbls./In. | Stock Tank                  |         | Starting Gauge |                    |         | Ending Gauge |            |         | Net API Bbls. |     |
|           | Size                        | Number  | Feet           | Inches             | Barrels | Feet         | Inches     | Barrels | Water         | Oil |
| Pretest:  |                             |         |                |                    |         |              |            |         |               |     |
| Test 1:   |                             |         |                |                    |         |              |            |         |               |     |
| Test 2:   |                             |         |                |                    |         |              |            |         |               |     |

**GAS PRODUCTION OBSERVED DATA**

| Orifice Meter Connections  |                                |              | Orifice Meter Location              |           |                           |                  | Check one: <input type="checkbox"/> Downstream of Separator <input type="checkbox"/> At Wellhead |   |                               |                |
|--|--------------------------------|--------------|-------------------------------------|-----------|---------------------------|------------------|--|---|-------------------------------|----------------|
| Check one: <input type="checkbox"/> Pipe Taps <input type="checkbox"/> Flange Taps |                                |              | Ranges > Differential: _____ Inches |           |                           |                  | Static Pressure: _____ inches / psi  |   |                               |                |
| Type Measuring Device  | Sales Line Entry Size (inches) | Orifice Size | Meter - Prover - Tester Pressure    |           |                           |                  |  | Diff. Pressure (H <sub>w</sub> ) or (h <sub>d</sub> ) | Gas Gravity (G <sub>g</sub> ) | Flow Temp. (t) |
|  |                                |              | In. Water                           | In. Merc. | Psig or (P <sub>d</sub> ) | %CO <sub>2</sub> | H <sub>2</sub> Sppm  |   |                               |                |
| Orifice Meter  |                                |              |                                     |           |                           |                  |  |   |                               |                |
| Critical Flow Prover   |                                |              |                                     |           |                           |                  |  |   |                               |                |
| MERLA Well Tester  |                                |              |                                     |           |                           |                  |  |   |                               |                |

**GAS FLOW RATE CALCULATIONS (R)**

| Plate Coeff. MCFD (F <sub>b</sub> ) (F <sub>p</sub> ) | Meter - Prover Press. (Psia) (P <sub>p</sub> ) | Press Extension $\sqrt{h_w \times P_m}$ | Gravity Factor (F <sub>g</sub> ) | Choke Setting | Flowing Temp. Factor (F <sub>t</sub> ) | Deviation Factor (F <sub>p,v</sub> ) | Sqr. Rt. Chart Factor (F <sub>r</sub> ) |
|---|--|---|----------------------------------|---------------|--|--------------------------------------|---|
| Trial 1:  |  |   |                                  |               |  |                                      |   |
| Trial 2:  |  |   |                                  |               |  |                                      |   |

Gas Prod. MCF Flow Rate (R): \_\_\_\_\_ Oil Prod. Bbls / Day: \_\_\_\_\_ Gas / Oil Ratio (GOR): \_\_\_\_\_ Cubic Feet 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 every aspect of said report is true and correct. Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

For Offset Operator

For Commission

For Company

**Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202**