

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form C-5
July 2014

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: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Workover <input type="checkbox"/> Reclassification	TEST DATE: _____
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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: _____

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

Producing Wellhead Pressure		Separator Pressure						Choke Size		
Casing:	Psig	Tubing:	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 _w) or (h _d)	Gas Gravity (G _g)	Flow Temp. (t)		
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂				H ₂ Sppm	
Orifice Meter											
Critical Flow Prover											
MERLA Well Tester											

GAS FLOW RATE CALCULATIONS (R)

Plate Coeff. MCFD (F _b) (F _p)	Meter - Prover Press. (Psia) (P _p)	Press Extension $\sqrt{h_w \times P_m}$	Gravity Factor (F _g)	Choke Setting	Flowing Temp. Factor (F _t)	Deviation Factor (F _{p,v})	Sqr. Rt. Chart Factor (F _r)
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, 266 N Main St, Ste 220, Wichita, KS 67202-1513