

INDIVIDUAL WELL TEST REPORT

 Flowing ☒ *Leakage*
 Gas Lift ☐ *3rd*
 Pumping ☐ *R. Jo*

 FIELD *Cumant Gas* DATE *5-29* 19*87* LEASE *Hobbs* WELL NO. *4*

 Tubing Size *NM* *2 1/16*
 Choke - Size _____
 - Type _____
 Tubing Pressure - Start _____
 - Finish _____
 Casing Pressure - Start *150*
 - Finish *80*
 Separator Pressure _____
 Separator Temperature _____
 Days Prod. Since _____
 Last Shut Down _____

GAS LIFT	
INPUT METER:	
Pressure	_____
Differential	_____
Orifice Size	_____
Coefficient	_____
Temperature	_____
MCF/Day	_____
Tubing Depth	_____
Kick Off Pressure	_____
_____	_____
_____	_____

PUMPING	
PUMP:	
Size	_____
Make & Type	_____
S.P.M.	_____
Stroke-Inches	_____
Pumping F.L.	_____
Pump Depth	_____
NORMAL PROD.	
Time: _____	Hrs./Day _____
_____	Days/Wk _____
Pumps Off _____	Yes _____ No _____

PRODUCED GAS

 METER: (Type) *2" DWT-100#*
 Pressure *26*
 Differential _____
 Orifice Size *.250*
 Coefficient _____
 Temperature _____
 MCF/Day *56.9*

METER BARREL TESTER OR TANK GAUGE

Date	Time	Ft. In. or Meter	Bbls.

24 HOUR RATES

 Oil _____ Bbls.
 Gas Input _____ M.C.F.
 Gas Produced *56.9* M.C.F.
 Net Gas/Oil Ratio _____ C.F./Bbl
 Water _____ Bbls.
 Oil Gravity _____ ° API
 Gas Gravity _____

 Test Summary _____ Bbls. Oil *24* Hours _____ Min.
 Grind Out _____ % B.S.&W. _____ Water Bbls.
 Was Test at Wells Capacity _____ Daily Well Allowable _____
 Remarks: *Csg. - Parker Leakage Test!*
Signed: *Dan R. McCarty*

RY COPY-TESTER FILE-RC

RECEIVED
JUN 5 1987
OCD
HOBBS OFFICE