



MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date 1-25-82				
Company Getty Oil Company				Connection Not Connected					
Pool Blanco				Formation Mesa Verde				Unit	
Completion Date 1-7-82		Total Depth 8220		Plug Back TD 8176		Elevation 7223 G.L.		Farm or Lease Name Lydia Rentz	
Csq. Size 7.000	Wt. 23.0	d 6.336	Set At 8218	Perforations: From 5874 To 5986			Well No. 7		
Thq. Size 2.375	Wt. 4.7	d 1.995	Set At 5905	Perforations: From 5905 To 5911			Unit Sec. Twp. Rge. C - 20 - 25N - 3W		
Type Well - Single - Brdenhead - G.G. or G.O. Multiple Gas Oil Multiple					Packer Set At 6060		County Rio Arriba		
Producing Thru Tubing		Reservoir Temp. °F 8		Mean Annual Temp. °F		Baro. Press. - P _a 12.0		State New Mexico	
L 5905	H 5905	G _g .650	% CO ₂	% N ₂	% H ₂ S	Prover 2.000	Meter Run	Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
SI	456 Hours						762		970		
1.							189	60	900		1st Hr.
2.							151	60	840		2nd Hr.
3.							55	60	442		3rd Hr.
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
1	11.00		201	1.000	1.240	1.020	2796
2	11.00		163	1.000	1.240	1.015	2257
3	11.00		67	1.000	1.240	1.000	914
4.							
5.							

NO.	P _t	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio <u>60 to 1 Bl</u> Mcf/bbl.
					A.P.I. Gravity of Liquid Hydrocarbons <u>52 @ 60</u> Deg.
1					Specific Gravity Separator Gas <u>XXXXXX</u>
2.					Specific Gravity Flowing Fluid <u>XXXXX</u>
3.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
4.					Critical Temperature _____ R _____ R
5.					

P _c <u>932</u>	P _c ² <u>964324</u>				(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.2718$	(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.1976$
NO	P _t ²	P _w	P _w ²	P _c ² - P _w ²		
1						
2						
3	4489	454	206116	758208	AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1095$	
4						
5						

Absolute Open Flow <u>1,095</u> Mcfd @ 15.025		Angle of Slope <u>0</u>	Slope, n <u>.75</u>
Remarks:			
Approved By Division	Conducted By: <i>Paul D Beckert</i>	Calculated By: <i>Paul D Beckert</i>	Checked By:

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Getty Oil Company
Address
P.O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lydia Rentz	Well No. 7	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF079601
Location Unit Letter <u>C</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1820</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251 Albuquerque, NM 87125			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20	Twp. 25N	Rge. 3W
	Is gas actually connected?		When	
	No		--	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res
		X	X					
Date Spudded 8-11-81	Date Compl. Ready to Prod. 1-6-82		Total Depth 8220'			P.B.T.D. 8176'		
Elevations (DF, RKB, RT, GR, etc.) 5235' KB 5222' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5874'			Tubing Depth 5911'		
Perforations 5874'-5986' Mesa Verde						Depth Casing Shoe 8218'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	32.3#	293.5'	165 SX
8 3/4"	7"	23.0#	6218'	1035 SX
6 1/4"	4 1/2" (Liner)	11.6#	8218'	300 SX
	2 3/8"	4.7#	5911'	--

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

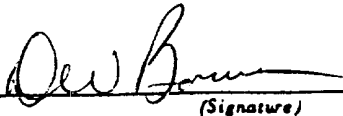
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1992 714 IP	Length of Test 3 Hours	Bbls. Condensate/MCF 132.5	Gravity of Condensate 52°
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 762	Casing Pressure (Shut-in) 920	Choke Size 3/4"


VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Area Superintendent
(Title)

2-04-82
(Date)

OIL CONSERVATION DIVISION
3-17-82
APPROVED 
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

