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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122
Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Undesignated Formation Dakota County Rio Arriba
Initial I Annual _____ Special _____ Date of Test 2-10-60
Company Occidental Petroleum Corp. Lease W Well No. 1-6
Unit A Sec. 6 Twp. 26N Rge. 3W Purchaser _____
Casing 5 1/2 Wt. 15.5 I.D. _____ Set at 7390 Perf. 7394 To 7400
Tubing 1 1/2 Wt. 2.4 I.D. _____ Set at 7450 Perf. 7450 To 7447
Gas Pay: From 7400 To 7394 L 7447 xG .450 -GL 4840 Bar.Press. 12.0
Producing Thru: Casing _____ Tubing I Type Well Dual - Gas - Gas
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 1-12-60 Packer 7390 Reservoir Temp. _____

OBSERVED DATA

Tested Through (Prover) (Choke) (Meter) Type Taps _____

No.	Flow Data					Tubing Data		Casing Data		Duration of Flow Hr.
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI						<u>2395</u>				
1.										
2.										
3.		<u>1/4</u>	<u>110</u>		<u>44°</u>					<u>3 hrs</u>
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w p_f}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	<u>12.3450</u>		<u>122</u>	<u>1.0197</u>	<u>0.9600</u>	<u>1.013</u>	<u>1491</u>
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

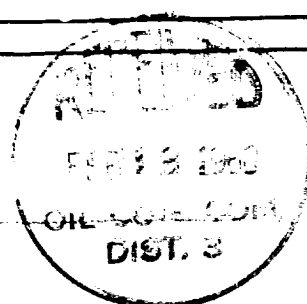
Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
P_c 24.42 (1-e^{-s}) 0.297
Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid _____
P_c 2.517 P_c 6000

No.	P _w P _t (psia)	P _t ²	F _c Q	(F _c Q) ²	(F _c Q) ² (1-e ^{-s})	P _w ²	P _c ² -P _w ²	Cal. P _w	P _w /P _c
1.									
2.									
3.	<u>122</u>	<u>15</u>	<u>36.7</u>	<u>1346.9</u>	<u>400</u>	<u>4.3</u>	<u>9920</u>		<u>1.070</u>
4.									
5.									

Absolute Potential: 1549 MCFPD; n .75 1.0520

COMPANY Occidental Petroleum Corp.
ADDRESS 3000 Wilshire Highway, Beverly Hills, California
AGENT and TITLE F. A. Nigh, Consulting Engineer
WITNESSED _____
COMPANY _____

REMARKS



INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w).
MCF/da. @ 15.025 psia and 60° F.

P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater.
psia

P_w = Static wellhead working pressure as determined at the end of flow period.
(Casing if flowing thru tubing, tubing if flowing thru casing.) psia

P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if flowing through casing.) psia

P_f = Meter pressure, psia.

h_w = Differential meter pressure, inches water.

F_g = Gravity correction factor..

F_t = Flowing temperature correction factor.

F_{pv} = Supercompressability factor.

n = Slope of back pressure curve.

Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t .

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