

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date 4-6-74	
Company Universal Resources Corp.				Connection		
Pool Basin Dakota				Formation Dakota		Unit
Completion Date 3-29-74		Total Depth 6267'		Plug Back TD		Elevation 6422' GR
Farm or Lease Name Grigsby-Federal						
Csg. Size 4 1/2"	Wt. 10.5#	d 3.95	Set At 6267'	Perforations: From 6086' To 6145'		Well No. 1
Tbg. Size 2-1/16"	Wt. 3.25#	d 1.75	Set At 6096'	Perforations: From Open End To		Unit Sec. Twp. Rge. D 7 25N 10W
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single - Gas				Packer Set At		County San Juan
Producing Thru Tbg		Reservoir Temp. °F @		Mean Annual Temp. °F		Baro. Press. - P <sub>a</sub> State New Mexico
L	H	Gg .62 est	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover 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. hw	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI							1822		1867		7 chrs
1.									870		22 hrs
2.									740		47 hrs
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor F <sub>t</sub>	Gravity Factor	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1							
2							3878
3							
4							3477
5							

NO.	P <sub>r</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio	Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons	_____ Deg.
2.					Specific Gravity Separator Gas	XXXXXXXXXX
3.					Specific Gravity Flowing Fluid	XXXXXX
4.					Critical Pressure	P.S.I.A. _____ P.S.I.A. _____
5.					Critical Temperature	R _____ R _____

NO.	P <sub>c</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	R <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - R <sub>w</sub> <sup>2</sup>	(1) $\frac{P_c^2}{P_c^2 - R_w^2} = \frac{1.2826}{1.1907} = 1.077$	(2) $\left[ \frac{P_c^2}{P_c^2 - R_w^2} \right]^n = \frac{1.2052}{1.1420} = 1.055$
1						
2		882	777,924	2,752,717		
3						
4		752	565,504	2,965,137		
5						

Absolute Open Flow ② 4674 Mcfd @ 15.025    Angle of Slope ②    Slope, n .75  
 Remarks: ④ 3971

Approved By Commission:	Conducted By: Dugan	Calculated By: Jacobs	Checked By:
-------------------------	------------------------	--------------------------	-------------

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator **Universal Resources Corporation**

Address **910 Nat'l Foundation W. Bldg., 3555 NW 58, Okla. City, Okla. 73112**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner **None**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Grigsby-Federal</b>	Well No. <b>1-4</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-8007</b>
Location				
Unit Letter <b>D</b>	<b>890</b>	Feet From The <b>North</b> Line and <b>790</b> Feet From The <b>West</b>		
Line of Section <b>7</b>	Township <b>25N</b>	Range <b>10W</b>	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>NW Pipeline</b>	<b>P.O. Box 1526, Salt Lake City, Utah 84110</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? <b>None</b>
		When <b>Upon Approval</b>

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 Res'v.	Diff. Res'v.
Date Spudded <b>2-11-74</b>	Date Compl. Ready to Prod. <b>3-29-74</b>		Total Depth <b>6267'</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>GR 6422.02'</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>6086'</b>		Tubing Depth <b>6096'</b>			
Perforations <b>6086-88, 6115-18, 6126-28, 6132-39 &amp; 6143-45</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>205'</b>		<b>140</b>			
<b>8-1/4"</b>	<b>4-1/2"</b>		<b>6267'</b>		<b>537 CF (1st stage)</b>			
					<b>1175 CF (2nd stage)</b>			

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)

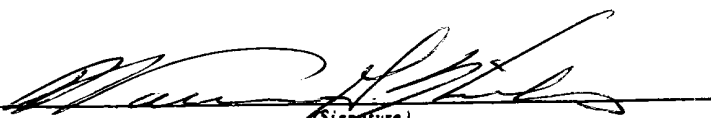
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>AOF 4674</b>	Length of Test <b>24 hr.</b>	Bbls. Condensate/MMCF <b>None</b>	Gravity of Condensate <b>None</b>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

  
(Signature)  
**Vice President**  
(Title)  
**March 12, 1976**  
(Date)

OIL CONSERVATION COMMISSION  
**MAR 16 1976**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**  
**PETROLEUM ENGINEER DIST. NO. 3**  
TITLE \_\_\_\_\_

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 deviation 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 multiply completed wells.