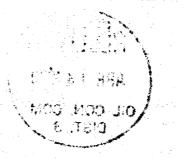
nital Ind Tes

NEW MEXICO OIL CONSERVATION COMMISSION

WELL DELIVERABILITY TEST REPORT FOR 19 70

Form C122-A Revised 1-1-68

				COUNTY			
OL NAME	POOL SLOPE	FORMATION			J		
West Kutz	n = •85	PC					
		•			87-139		
			WELL NAME AND NUMBER				
MPANY							
I:1 Paso Nat	ural Cas Comp	TOWNSHIP	Huerfano Uni				
T LETTER SEC	CTION		10	EPNG			
].	5	26	TUBING O.D INCHES	TUBING I.D INCHES	TOP - TUBING PERF FEET		
SING O.E INCHES CA	SING I.D INCHES	1	1	*			
2.875 GAS PAY	2.441	2290	no tubing	GAS GRAVITY	GRAVITY X LENGTH		
GAS PAY				.658	1429		
ом 2172 т	2198	CASING XX TUBING		MEASURED			
D	ATE OF FLOW TEST		k				
ом 3-12-70	70	3- 20 - 70	1-7-70				
	•	PRESSURE DATA - A	LL PRESSURES IN PSIA				
				(f) Friction Los	s (g) Average Meter		
) Floring Casing (b)	Flowing Tubing (c) F Pressure (DWt) P	lowing Meter (d) Flow ressure (DWt) Static	Reading (Item c - I	tem d) (a-c) or (b-	c) Pressure (Integr.)		
Pressure (DWt)	- (G23010 (D111)	,	•				
			1	0	104		
-	-	- + + + + + + + + + + + + + + + + + + +	in Tubing (I) P= higher	r value (m) Del. Pressu	- (a) Sengrator or De-		
Corrected Meter (i)	Avg. Wellhead (i) Shess. P = (h+f) Pr	ut-in Casing (k) Shut-i essure (DWt) Press	ure (DWt) of (i) or (k		for enisteral flow only		
Pressure (g+e)	ess. P. S. William			Pd= 80	Pe Permedi now omy		
			077	186			
104	104	233	- 233				
	***	FLOW RATE CORREC	CTION (METER ERROR)				
					Carrected Valume		
		Item c	√ lter		Corrected volume		
Integrated Volume - M	CF/D Quotie	nt of Item d	V Iter	n d			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·	7 0000	Q =	210 MCF/D		
210		0000	1.0000 Q= 2				
	•	WORKING PRESS	URE CALCULATION	•	,		
				-			
		R ² =	2 /	2 - 2, -2	$P_{\mathbf{w}} = \sqrt{P_{\mathbf{w}}^2}$		
(1-e ^{-s})	$(F_Q)^2$ (1000)	(1-e-5) (F Q _m) ² (100	(8) P, 2	$P_{w}^{2}=P_{t}^{2}+R^{2}$	" V"		
	,		. 1	10951	105		
.099	1359 /	135	10816	10951			
		DELIVERABIL	ITY CALCULATION				
			/ 	\			
$D = Q \left[\frac{P_c^2 \cdot P_d^2}{P_c^2 \cdot P_w^2} \right]^n =$			\(\) \(\)	.5115	_ 107 MCF/		
$D = Q \left \frac{1}{P_C^2 \cdot P_W^2} \right =$	510 /	19693	<u> </u>	J= <u>•2112</u>	=		
		43338	1				
					<u> </u>		
REMARKS:							
REMARKS:	well, 1st del	2-18-79 CCL	11/12				
71011		/ / RII.	IVID/				
	SUMMARY 19	/ IXLUL	11		¥		
		I	4 1070				
	104	Psia APR 1	4 1970 E1	Pasa Natural Ga	is Co		
item h	233			6/11/2011	wey		
P _c	210//		N. CUIYING				
Q	105	Psia DIS	Witnessed By				
	186	Psia	Company ———				
P _d							



NO OF COPIES REC	 		
DISTRIBUTIO	1		
SANTA FE	1		
FILE	,		
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSFORTER	GAS	1,	
OPERATOR	/		
			,

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110							
	FILE	1	AND	Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS							
	OIL /	†									
	TRANSPORTER GAS /										
	OPERATOR /										
ī.	PRORATION OFFICE										
	Operator F1 Page Natural C	las Company									
	Address	l Paso Natural Gas Company									
		nington, NM 87401									
Reason(s) for filing (Check proper box) Other (Please explain)											
	New Well	Change in Transporter of:	Change name fron	n Huerfano Unit #14-Y							
	Recompletion	O11 Dry Go									
	Change in Ownership	Casinghead Gas Conder	nsate								
	If change of ownership give name										
	and address of previous owner										
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	Well No. Pool Name, Including F	· · · · · · · · · · · · · · · · · · ·								
	Huerfano Unit	277 West Kutz Pi	ct ured Cliffs State, federa	1)r Fee SF 080895							
	1	SO South	se and 790 Feet From 1	Woot							
	Unit Letter L; 185	Feet From The South Lin	se and 790 Feet From	The West							
	Line of Section 5 Tow	vaship 26N Range	10W NMPM, San Ju	an County							
II.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	Address (Give address to which appro	and and delic form in a bound							
	El Paso Natural C			nington, NM 87401							
	Name of Authorized Transporter of Cas	• •	Address (Give address to which appro								
	El Paso Natural C		PO Box 990, Farm	i							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh								
	give location of tanks.	L 5 26N 10w	1								
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:								
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completic	on = (X)									
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	Perforations		<u> </u>	Depth Casing Shoe							
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total softime of load of	and must be equal to or exceed top allow-							
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of torgh softwire of toad of and must be equal to or exceed to able for this depth or be for (ull 24 hours)											
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, page 1	,,							
	Length of Test	Tubing Pressure	Casing Pressure CON. COM.	Choke Size							
	•		Water-Bble. DIST. 3								
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas - MCF							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
		<u> </u>	1								
1.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION							
		and the Oil Concession	APPROVED	<u> </u>							
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	BY Octains Single Person C. Armold SUFFRYISCH DISE, 45								
	above is true and complete to the	best of my knowledge and belief.									
		i	TITLE:	arious Jewe, (A)							
	A. J. Signa			compliance with RULE 1104.							
	N. D. S.	ises	If this is a request for allow	vable for a newly drilled or deepened nied by a tabulation of the deviation							
	(Signal)	ture)	tests taken on the well in accor	dence with RULE 111.							
	Drilling Clerk	le)	All sections of this form mu	at be filled out completely for allow-							
	June 10, 1974		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,								
	June 10, 17/4		well name or number, or transporter, or other such change of condition.								
			n Callet must be filled for sech nool in multiply								

DISTABUTIO	ON	_			NEW MEYI	CO OU. C	CONSERVAT	Flori corn	accion.			
ANTA FE /							ONSERVATION COMMISSION FOR ALLOWABLE				Form C=104 / Supersedes Old C=104 and C=110	
FILE /				AND Effective 1-1-65								
1.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
LAND OFFICE	T	 										
TRANSPORTER	GAS	1/										
OPERATOR	1_0.3	1										
PRORATION OF	FICE	1	\neg									
Operator El Paso Nat	ural	Gas	Сотра	nny								
Address P. O. Box 9				ı, NM	87401	-					~	
Reason(s) for filing	(Check)	oroper	box)				C	ther (Please	explain)			
New Well	H				Transporter o			Change	Name fro	m Huer	fano Unit	No. 277
Recompletion	<u></u> H			Oil		Dry Ga	=	Grange	Name 11	om Haci	Tano Onit	NO. 277
Change in Ownership				Casinghea	d Gas	Conder	nsate					
If change of owners and address of prev			<u>.</u>	<u></u>		· 						
DESCRIPTION O	F WEL	L A	ND LEA		Pool Name, lr	neluding F	ormation		Kind of Leas	a		
Huerfano Un	nit		· · · · · · · · · · · · · · · · · · ·	14R			ctured C	Cliffs	State, Federa	_	5	F080895
Unit Letter		.;	1850	_ Feet From	The S	Lin	90 and)	Feet From '	TheW	····	
Line of Section	5		Township	>	26N _F	Range	10W	, NMPM	, Sar	n Juan		County
DESIGNATION OF Name of Authorized El Paso Nat	Transpo	rter of	CII [or Co	AND NATU		Address (G		o which appro-		this form is to	_ ' [
Name of Authorized					ot Dry Ga	ıs TX					this form is to	
El Paso Nat	ural	Gas	Compa	any					0, Farmin			
If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Rge. L 5 26N 10W						Is gas actually connected? When						
If this production is COMPLETION DA		ngled	with the	it from any	other lease	or pool,	give commir	ngling order	number:			
Designate Typ	e of C	omple	etion -	(X)	l Well G	as Weli	New Well	Workover	Deepen !	Plug Bac	k Same Rest	Diff. Res'v.
Date Spudded			Date	Compl. Re	eady to Prod.		Total Depth	1		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.;			.) Nam	Name of Producing Formation			Top Oil/Gas Pay Tu			Tubing D	Tubing Depth	
Perforations										Depth Ca	sing Shoe	
TUBING, CASING, AND						CEMENTING RECORD			1			
HOLE	SIZE			CASING	& TUBING S	SIZE		DEPTH SE	т		SACKS CEME	ИТ
												
			-									
			1							 		
TEST DATA AND OIL WELL	REQU	JEST	FOR A	LLOWAR			ter recovery of the for the form			and must be	equal to or ex	ceed top allow-
Date First New Oil F	Run To I	anks	Date	of Test			Producing N	ethod (Flow	, pump, gas lif	t, etc.)		
Length of Test Tubing Pressure					Casing Pressure			Choke Si	Choke Size			
Actual Prod. During Test Oil-Bbls.					Water-Bbls. G			Gas - MCE	3as-MCE			
GAS WELL							L			A A	4 10 10 10 10 10 10 10 10 10 10 10 10 10	
Actual Prod. Test-MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity o	Gravity of Condensate				
Testing Method (pitot, back pr.)			Tubi	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Siz	Chcke Size		

OIL CONSERVATION COMMISSION

This form is to be filed in compliance with RULE 1104.

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.

Canarata Forms C-104 must be filed for each noof in multiply

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.

By Criginal Signed by Emery C. Arnold

APPROVED_

TITLE __

APR 1,7 1975

SUPERVISOR DIST. #3

I. CERTIFICATE OF COMPLIANCE

Drilling Clerk

April 16, 1975

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.

Hoca

(Signature)

(Title)

(Date)