

Initial
Verifiability Test

NEW MEXICO OIL CONSERVATION COMMISSION WELL DELIVERABILITY TEST REPORT FOR 19 70

Form C122-A
Revised 1-1-68

POOL NAME West Kutz	POOL SLOPE n = .85	FORMATION PC	COUNTY SJ
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87-139

COMPANY El Paso Natural Gas Company			WELL NAME AND NUMBER Huerfano Unit No. 14-Y		
UNIT LETTER 1	SECTION 5	TOWNSHIP 26	RANGE 10	PURCHASING PIPELINE EPNG	
CASING O.D. - INCHES 2.875	CASING I.D. - INCHES 2.441	SET AT DEPTH - FEET 2290	TUBING O.D. - INCHES no tubing	TUBING I.D. - INCHES	TOP - TUBING PERF. - FEET
GAS PAY ZONE			WELL PRODUCING THRU		GRAVITY X LENGTH
FROM 2172 TO 2198		CASING xx	TUBING	.658	1429
DATE OF FLOW TEST FROM 3-12-70 TO 3-20-70			DATE SHUT-IN PRESSURE MEASURED 1-7-70		

PRESSURE DATA - ALL PRESSURES IN PSIA

(a) Flowing Casing Pressure (DWt) -	(b) Flowing Tubing Pressure (DWt) -	(c) Flowing Meter Pressure (DWt) -	(d) Flow Chart Static Reading -	(e) Meter Error (Item c - Item d) 0	(f) Friction Loss (a-c) or (b-c) 0	(g) Average Meter Pressure (Integr.) 104
(h) Corrected Meter Pressure (g+e) 104	(i) Avg. Wellhead Press. $P_t = (h+f)$ 104	(j) Shut-in Casing Pressure (DWt) 233	(k) Shut-in Tubing Pressure (DWt) -	(l) P_c = higher value of (j) or (k) 233	(m) Del. Pressure $P_d = 80$ % P_c 186	(n) Separator or Dehydrator Pr. (DWt) for critical flow only

FLOW RATE CORRECTION (METER ERROR)

Integrated Volume - MCF/D 210	Quotient of $\frac{\text{Item c}}{\text{Item d}}$ 1.0000	$\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ 1.0000	Corrected Volume Q = 210 MCF/D
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WORKING PRESSURE CALCULATION

$(1-e^{-s})$.099	$(F_c Q_m)^2 (1000)$ 1359	$R^2 = (1-e^{-s}) (F_c Q_m)^2 (1000)$ 135	P_i^2 10816	$P_w^2 = P_i^2 + R^2$ 10951	$P_w = \sqrt{P_w^2}$ 105
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DELIVERABILITY CALCULATION

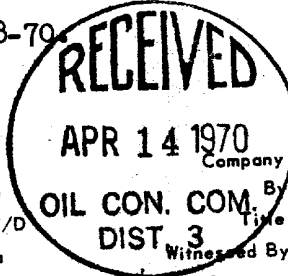
$D = Q \left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n =$ 210	$\left(\frac{19693}{43338} \right)^n =$.4544	$=$.5115	$=$ 107 MCF/D
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REMARKS:

New well, 1st del. 2-18-70

SUMMARY

Item h **104** Psia
 P_c **233** Psia
 Q **210** MCF/D
 P_w **105** Psia
 P_d **186** Psia
 D **107** MCF/D



El Paso Natural Gas Co.

D. E. McAnally

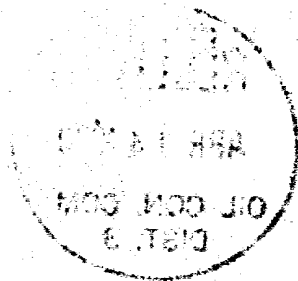
Company

By

Time

Witnessed By

Company



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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
El Paso Natural Gas Company

Address
PO Box 990, Farmington, NM 87401

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)
Change name from Huerfano Unit #14-Y

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 277	Pool Name, Including Formation West Kutz Pict ured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. SF 080895
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Location
Unit Letter L ; 1850 Feet From The South Line and 790 Feet From The West
Line of Section 5 Township 26N Range 10W NMPM, San Juan 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>5</u> Twp. <u>26N</u> Rge. <u>10W</u>	Is gas actually connected? <input type="checkbox"/> When _____

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

V. 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	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					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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, pressure, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

M. G. Buiss
(Signature)
Drilling Clerk
(Title)
June 10, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ JUN 11 1974, 19 _____

BY _____ Original Signed: _____ SUPERVISOR DIST. 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.
Form C-104 must be filed for each pool in multiply

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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

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change Name from Huerfano Unit No. 277	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 14R	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. SF080895
Location Unit Letter L ; 1850 Feet From The S Line and 790 Feet From The W				
Line of Section 5 Township 26N Range 10W , NMFM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 5 26N 10W
Is gas actually connected?	When

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

II. 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	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	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

III. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.

<u>A. G. Guice</u>	(Signature)
Drilling Clerk	(Title)
April 16, 1975	(Date)

OIL CONSERVATION COMMISSION

APPROVED	APR 17 1975
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR DIST. #3	

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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