

Initials
Deliverability

NEW MEXICO OIL CONSERVATION COMMISSION
WELL DELIVERABILITY TEST REPORT FOR 19 69

Form CI22-A
Revised 1-1-68

POOL NAME Basin	POOL SLOPE 0.75	FORMATION Dakota	COUNTY Rio Arriba
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87-065

COMPANY El Paso Natural Gas Company			WELL NAME AND NUMBER San Juan 28-5 Unit No. 82		
UNIT LETTER M	SECTION 22	TOWNSHIP 28	RANGE 5	PURCHASING PIPELINE El Paso Natural Gas Co.	
CASING O.D. - INCHES 4.500	CASING I.D. - INCHES 4.052	SET AT DEPTH - FEET 8105	TUBING O.D. - INCHES 2.375	TUBING I.D. - INCHES 1.995	TUBING PERF. - FEET 8066
GAS PAY ZONE FROM 7884 TO 8078		WELL PRODUCING THRU CASING TUBING XX		GAS GRAVITY .616	GRAVITY X LENGTH 4969
DATE OF FLOW TEST FROM 10-15-69 TO 10-23-69			DATE SHUT-IN PRESSURE MEASURED 8-8-69		

PRESSURE DATA - ALL PRESSURES IN PSIA

(a) Flowing Casing Pressure (DWI) 451	(b) Flowing Tubing Pressure (DWI) 451	(c) Flowing Meter Pressure (DWI) 2673	(d) Flow Casing Static Reading 2683	(e) Meter Error (Item c - Item d) 0	(f) Friction Loss (a-e) or (b-e) 0	(g) Average Meter Pressure (Integr.) 451
(h) Corrected Meter Pressure (g+f) 451	(i) Avg. Wellhead Press. $P_w = (h+f)$ 451	(j) Shut-in Casing Pressure (DWI) 2673	(k) Shut-in Tubing Pressure (DWI) 2683	(l) P_c = higher value of (j) or (k) 2683	(m) Del. Pressure $P_d = \frac{50}{1342} P_c$ 10	(n) Separator or Dehydrator Pr. (DWI) for critical flow only

FLOW RATE CORRECTION (METER ERROR)

Integrated Volume - MCF/D 788	Quotient of $\frac{\text{Item c}}{\text{Item d}}$ 1.00000	$\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ 1.0000	Corrected Volume $Q =$ 788 MCF/D
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WORKING PRESSURE CALCULATION

$(1-e^{-9})$.305	$(F_c Q_w)^2 (1000)$ 54889	$(1-e^{-9}) (F_c Q_w)^2 (1000)$ 16631	P_c^2 203401	$P_w^2 = P_c^2 + R^2$ 220032	$P_w = \sqrt{P_w^2}$ 469
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DELIVERABILITY CALCULATION

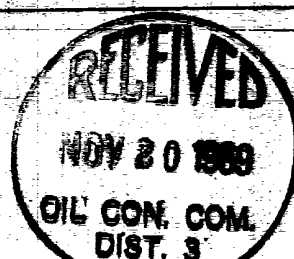
$D = Q \left[\frac{P_c^2 - P_w^2}{P_c^2 - P_w^2} \right]^n$	788	$\left(\frac{5397525}{6978457} \right)^{0.7734}$	0.8247	650 MCF/D
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REMARKS: New well, first delivered September 12, 1969.

SUMMARY

Item k **451** Psia
P_c **2683** Psia
Q **788** MCF/D
P_w **469** Psia
P_d **1342** Psia
D **650**

Company **El Paso Natural Gas Co.**
By **E. Stauffer**
Title **Well Test Engineer**
Witnessed By
Company



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recombination
☒ Change in ~~Ownership~~ Operatorship
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 82	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079519A
Location Unit Letter <u>M</u> : <u>1031</u> Feet From The <u>South</u> Line and <u>1150</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>28N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>22</u> Twp. <u>28N</u> Rge. <u>5W</u>	Is gas actually connected? <input type="checkbox"/> when <u>Nov 1, 1980</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

NOV -1 1986

OIL CON. DIV.
DIST. 3

(Signature)
Drilling Clerk

(Title)
11-1-86

(Date)

OIL CONSERVATION DIVISION

NOV -1 1986

APPROVED _____, 19 _____

BY [Signature]

TITLE SUPERVISION 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 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.