

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Astec P.C. Formation Pictured Cliff County San Juan
Initial X Annual _____ Special _____ Date of Test 7-30-59
Company PURCO PETROLEUM CORPORATION Lease _____ State _____ Well No. 3 PC
Unit H Sec. 32 Twp. 29N Rge. 8W Purchaser El Paso Natural Gas Company
Casing 7" Wt. 20 & 23 I.D. _____ Set at 4010 Perf. 2352 To 2366
2406
Tubing 1" Wt. 1.7 I.D. _____ Set at 2397 Perf. 2397 To 2349 (2 its.)
Gas Pay: From 2352 To 2414 L _____ xG 65 -GL _____ Bar.Press. _____
Producing Thru: Casing _____ Tubing X Type Well _____
Singular Subsidiary -G. G. no effect Dual
Date of Completion: 7-19-59 Packer 5" at 3950 Reservoir Temp. 80°

OBSERVED DATA

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

No.	Flow Data			Tubing		Casing Data		Duration of Flow Hr.
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	
1.	2"	3/4	972			972		Shut in
2.	2"	3/4	91			586	64°	3 hours
3.								
4.								
5.								

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_{wpf}}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	12.3650		103	.9962	.9608	1.009	1230
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
F_c _____ (1-e^{-s})

Specific Gravity Separator Gas .65
Specific Gravity Flowing Fluid _____
P_c 984 P_c² 968,256

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.									
4.									
5.									

Absolute Potential: 1819 MCFPD; n .85

COMPANY PURCO PETROLEUM CORPORATION
ADDRESS 108 West Chuska, Astec, New Mexico
AGENT and TITLE H. E. Maxwell, Jr., Mgr. Prod. Dept.
WITNESSED Fred Cook Jack Dunning
COMPANY N.M.O.C.C. Purco Petroleum Corp.

REMARKS

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		
DATE RECEIVED		
BY	FOR	
NAME	NAME	
ADDRESS	ADDRESS	
CITY	CITY	
STATE	STATE	
ZIP	ZIP	
TELEPHONE	TELEPHONE	
TELETYPE	TELETYPE	
FAX	FAX	
EMAIL	EMAIL	
OTHER	OTHER	