

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS WELL TEST DATA SHEET - - SAN JUAN BASIN  
(TO BE USED FOR FRUITLAND, PICTURED CLIFFS, MESAVERDE, & ALL DAKOTA  
EXCEPT BARKER DOME STORAGE AREA)

Pool Blanco Formation Mesa Verde County Rio Arriba  
Purchasing Pipeline El Paso Natural Gas Date Test Filed \_\_\_\_\_

Operator El Paso Natural Gas Lease Abraham Well No. 3  
Unit M Sec. 13 Twp. 30 Rge. 6 Pay Zone: From 5042 To 5440  
Casing: OD 5-1/2 WT. 15.5 Set At 5474 Tubing: OD 2" WT. 4.7 T. Perf. 5380  
Produced Through: Casing \_\_\_\_\_ Tubing X Gas Gravity: Measured .595 Estimated \_\_\_\_\_  
Date of Flow Test: From 12-24-57 To 12-31-57 \* Date S.I.P. Measured 8-20-57 (36 days)  
Meter Run Size \_\_\_\_\_ Orifice Size \_\_\_\_\_ Type Chart \_\_\_\_\_ Type Taps \_\_\_\_\_

OBSERVED DATA

Flowing casing pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (a)  
Flowing tubing pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (b)  
Flowing meter pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (c)  
Flowing meter pressure (meter reading when Dwt. measurement taken):  
Normal chart reading \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (d)  
Square root chart reading ( \_\_\_\_\_ )<sup>2</sup> x spring constant \_\_\_\_\_ = \_\_\_\_\_ psia (d)  
Meter error (c) - (d) or (d) - (c) \_\_\_\_\_ ± \_\_\_\_\_ = \_\_\_\_\_ psi (e)  
Friction loss, Flowing column to meter:  
(b) - (c) Flow through tubing: (a) - (c) Flow through casing \_\_\_\_\_ = \_\_\_\_\_ psi (f)  
Seven day average static meter pressure (from meter chart):  
Normal chart average reading \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (g)  
Square root chart average reading (7.50)<sup>2</sup> x sp. const. 10 = 563 psia (g)  
Corrected seven day avge. meter press. (pf) (g) + (e) \_\_\_\_\_ = 563 psia (h)  
P<sub>t</sub> = (h) + (f) \_\_\_\_\_ = 563 psia (i)  
Wellhead casing shut-in pressure (Dwt) \_\_\_\_\_ 1157 psig + 12 = 1169 psia (j)  
Wellhead tubing shut-in pressure (Dwt) \_\_\_\_\_ 1154 psig + 12 = 1166 psia (k)  
P<sub>c</sub> = (j) or (k) whichever well flowed through \_\_\_\_\_ = 1166 psia (l)  
Flowing Temp. (Meter Run) 56 °F + 460 \_\_\_\_\_ = 516 °Abs (m)  
P<sub>d</sub> = ½ P<sub>c</sub> = ½ (l) \_\_\_\_\_ = 583 psia (n)

Q = \_\_\_\_\_ X  $\left( \frac{\text{FLOW RATE CALCULATION}}{\frac{\sqrt{(c)}}{\sqrt{(d)}}} \right)^* = \underline{401} \text{ MCF/da}$   
(integrated)

DELIVERABILITY CALCULATION

D = Q 401  $\left[ \frac{(P_c^2 - P_d^2)}{(P_c^2 - P_w^2)} = \frac{1,019,667}{1,039,631} \right]^n \frac{.9807}{.9855} = \underline{395} \text{ MCF/da.}$

SUMMARY

P<sub>c</sub> = 1166 psia  
Q = 401 Mcf/day  
P<sub>w</sub> = 566 psia  
P<sub>d</sub> = 583 psia  
D = 395 Mcf/day

Company El Paso Natural Gas  
By \_\_\_\_\_  
Title Original Signed  
Witnessed by Lewis D. Galloway  
Company \_\_\_\_\_

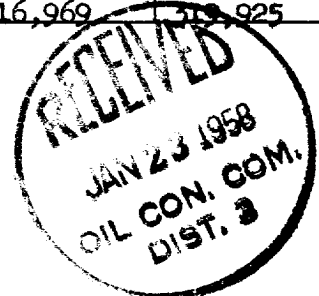
\* This is date of completion test.  
\* Meter error correction factor

REMARKS OR FRICTION CALCULATIONS

| GL   | (1-e <sup>-8</sup> ) | (F <sub>c</sub> Q) <sup>2</sup> | (F <sub>c</sub> Q) <sup>2</sup><br>R <sup>2</sup> | (1-e <sup>-8</sup> ) | P <sub>t</sub> <sup>2</sup><br>(Column i) | P <sub>t</sub> <sup>2</sup> + R <sup>2</sup> | P <sub>w</sub> |
|------|----------------------|---------------------------------|---|----------------------|---|--|----------------|
| 3201 | .208                 | 14.213                          | 2.956   |                      | 316,969                                   | 319,925                                      | 566            |

D at 500 = 417

*OK*





|                        |     |   |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED |     | 5 |
| DISTRIBUTION           |     |   |
| SANTA FE               |     | / |
| FILE                   |     | / |
| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | / |
|                        | GAS | / |
| 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<br><b>El Paso Natural Gas Company</b>                |   |
| Address<br><b>Box 990, Farmington, New Mexico</b>             |   |
| Reason(s) for filing (Check proper box)                       |   |
| 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"/> |
| Other (Please explain)<br><b>Name Changed From Abraham #3</b> |   |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |  |                       |  |   |
|---|--|-----------------------|--|---|
| Lease Name<br><b>8 n Juan 30-6 Unit</b> | Lease No.  | Well No.<br><b>41</b> | Pool Name, Including Formation<br><b>Blanco Mesa Verde</b> | Kind of Lease<br>State, Federal or Free <input checked="" type="checkbox"/> |
| Location                                |  |                       |  |   |
| Unit Letter<br><b>M</b>                 | Feet From The _____ Line and _____ Feet From The _____ |                       |  |   |
| Line of Section<br><b>/3</b>            | Township<br><b>30N</b>                                 | Range<br><b>6W</b>    | , NMPM, <b>Rio Arriba</b> 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"/><br><b>El Paso Natural Gas Company</b>         | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 990, Farmington, New Mexico</b> |      |      |      |                                       |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><b>El Paso Natural Gas Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 990, Farmington, New Mexico</b> |      |      |      |                                       |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? <b>Yes</b> | When |

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                         | 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 |        |           |             |              |
|                                      |                             |                   |           |              |              |        |           |             |              |
|                                      |                             |                   |           |              |              |        |           |             |              |
|                                      |                             |                   |           |              |              |        |           |             |              |

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        | Length of Test  | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure       | 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.

ORIGINAL SIGNED E. S. OBERLY

(Signature)

Petroleum Engineer

(Title)

October 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 1 1965, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 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.