NEW MEXICO OIL CONSERVATION COMMISSION

Form C-1

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Revised 12-1-55

Pool _____ Formation _____ County _____

Initial _____ Annual _____ Special _____

Company _____ Lease _____ Well No. _____

Unit _____ Sec. _____ Twp. _____ Rge. _____ Purchaser _____

Casing: Wt. _____ I.D. _____ Set at _____ Perf. _____ To _____

Tubing: Wt. _____ I.D. _____ Set at _____ Perf. _____ To _____

Gas Pay: From _____ To _____ L _____ Bare Open Hole _____ Packer _____

Production _____ Pay _____ Bbls. Oil _____ Bbls. Water _____ Gas/Oil Ratio _____ Gravity _____

Producing Thru: Casing _____ Tubing _____ Type Well _____

Date of Completion _____ Packer _____ Reservoir Temp. _____

Mean Annual Temp. _____ Barometer _____ L _____ Gas Gravity _____

Test Through: Choke _____ Orifice _____ Type Taps _____

Flow Period	Hours Flowed	Choke Size	Orifice Size	Initial Flow Press.	Temp.	Pressure Before Flow Press.	Temp.	Duration of Flow
				psig	°F	psig	°F	

No.	Pressure Base	Gas Liquid Hydrocarbon Ratio	Specific Gravity Separator Gas	Specific Gravity Flowing Fluid	Critical Pressure Pc	Critical Temp. Tc	Deliverability Factor F	Rate of Flow Q-MCFPD @ 15.025 psia

CALCULATION OF GAS

Flow Period	Pressure Base Factor Fpb	Flowing Temp. Factor Ft	Gravity Factor Fg	Compressibility Factor Fpv	Rate of Flow Q-MCFPD @ 15.025 psia

PRESSURE CALCULATIONS

Flow Period	Flowing Temp. Tf	Average Gas Liquid Hydrocarbon Ratio	Specific Gravity Flowing Fluid	Critical Pressure Pc	Critical Temp. Tc	Pc²	Pw	Pw²

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