

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Blanco Formation Mesa Verde County San Juan
Initial X Annual _____ Special _____ Date of Test 3/16/56
Company El Paso Natural Gas Company Lease Lindsay Well No. 1-A
Unit H Sec. 19 Twp. 30 Rge. 8 Purchaser _____
Casing 5½ Wt. 15.5 I.D. _____ Set at 4832 Perf. _____ To _____
Tubing 2 Wt. 4.7 I.D. _____ Set at 4804 Perf. _____ To _____
Gas Pay: From 4186 To 4824 L _____ xG .600 -GL _____ Bar. Press. _____
Producing Thru: Casing _____ Tubing X Type Well Single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 1/21/56 Packer _____ Reservoir Temp. _____

OBSERVED DATA

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

No.	Flow Data					Tubing Data		Casing Data		Duration of Flow Hr.
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI						1086		1102		
1.						470	65	1011		3 hours
2.										
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.	14.1605		482	.9952	1.000	1.038	7051
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 _____
Specific Gravity Flowing Fluid _____
P_c 1114 P_c 1,240,996

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.	1023								
2.									
3.									
4.									
5.									

Absolute Potential: 28,310 MCFPD; n .75
COMPANY El Paso Natural Gas Company
ADDRESS P. O. Box 997, Farmington, N.M.
AGENT and TITLE L. D. Galloway
WITNESSED _____
COMPANY _____

Tested by H. L. Kendrick

REMARKS

OIL CONSERVATION COMMISSION

REGISTRATION OFFICE

No. _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Signature _____

✓ ✓ ✓

OIL CONSERVATION COMMISSION
REGISTRATION OFFICE

No. _____
Name _____
Address _____
City _____ State _____ Zip _____

Date _____

✓ ✓ ✓

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OIL CONSERVATION COMMISSION

REGISTRATION OFFICE

No. _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Signature _____

Stamp _____

✓

✓

✓

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OIL CONSERVATION COMMISSION
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City _____ State _____ Zip _____

Date _____

✓ ✓ ✓

OIL CONSERVATION COMMISSION
REGISTRATION OFFICE

No. _____

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____

INITIALS _____

✓ ✓ ✓ ✓

OIL CONSERVATION COMMISSION
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No. _____
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State _____
Zip _____

✓
✓
✓

OIL CONSERVATION COMMISSION
REGISTRATION OFFICE

No. _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DATE _____ SIGNATURE _____

✓ ✓ ✓ ✓

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