NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122
Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Wildcat Formation Dakota County San Juan

Initial X Annual ____ Special ____ Date of Test 12-15-58

Company Southern Union Gas Co. Lease McCord Well No. 1

Unit M Sec. 15 Twp. 30 Rge. 13 Purchaser Southern Union Gas Co.

Casing 5½ Wt. 15.5 I.D. 4.950 Set at 6372 K.B. Perf. 6104 To 6209

Tubing 2-3/8" Wt. 4.7 I.D. 1.995 Set at 6180 KB Perf. 6150 To 6180

Gas Pay: From 6104 To 6209 L 6150 xG 0.72 =GL 4428 Bar.Press. 12.0

Producing Thru: Casing ____ Tubing X Type Well Single Gas

Date of Completion: 11-30-58 Packer ____ Single-Bradenhead-G. G. or G.O. Dual Reservoir Temp. ____

OBSERVED DATA

Tested Through ~~(Prover)~~ (Choke) ~~(Meter)~~ Type Taps ____

No.	Flow Data (Prover) (Line) Size	Flow Data (Choke) ~~(Orifice)~~ Size	Flow Data Press. psig	Flow Data Diff. h_w	Flow Data Temp. °F.	Tubing Data Press. psig	Tubing Data Temp. °F.	Casing Data Press. psig	Casing Data Temp. °F.	Duration of Flow Hr.
SI						2047		2047		7 days
1.		3/4"	233		80°	233	80°	622	80°	3 hours
2.										
3.										
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w p_f}$	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		245	0.9813	0.9129	1.028	2,790
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

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

Specific Gravity Separator Gas ____
Specific Gravity Flowing Fluid ____
P_c 2059 P_c^2 4239.5
P_w 634 P_w^2 402.0

No.	P_w P_t (psia)	P_t^2	F_cQ	$(F_cQ)^2$	$\frac{(F_cQ)^2}{(1-e^{-s})}$	P_w^2	$P_c^2-P_w^2$	Cal. P_w	$\frac{P_w}{P_c}$
1.									
2.						~~402.0~~	~~3827.5~~		~~.308~~
3.									
4.									
5.									

Absolute Potential: 3005 MCFPD; n 0.75

COMPANY Southern Union Gas Company
ADDRESS P. O. Box 815, Farmington, New Mexico
AGENT and TITLE G. L. Hoffman
WITNESSED ____
COMPANY ____

REMARKS

INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w). MCF/da. @ 15.025 psia and 60° F.

P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater. psia

P_w = Static wellhead working pressure as determined at the end of flow period. (Casing if flowing thru tubing, tubing if flowing thru casing.) psia

P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if flowing through casing.) psia

P_f = Meter pressure, psia.

h_w = Differential meter pressure, inches water.

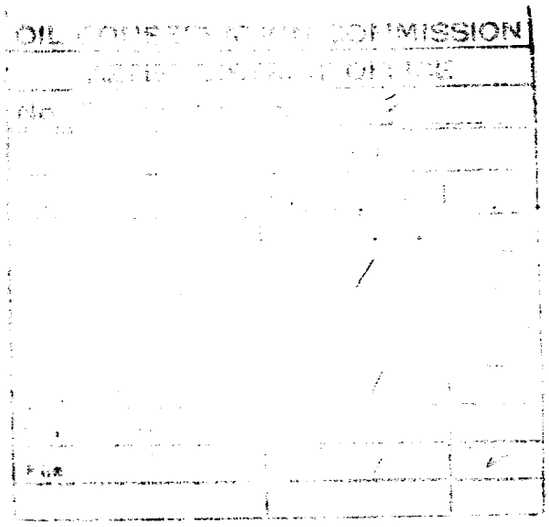
F_g = Gravity correction factor.

F_t = Flowing temperature correction factor.

F_{pv} = Supercompressability factor.

n = Slope of back pressure curve.

Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t.



Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Union Texas Petroleum Corporation

Well API No.:

Address: P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [ ]

Change in Transporter of:
Oil [X] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
McCord	#1	Basin Dakota		SF078212

Location

Unit Letter M : ____ Feet From The ____ Line and ____ Feet From The ____ Line

Section 15 Township 30N Range 13W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Co.	P.O. Box 26400, Alburquerque, NM 87125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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 Tank	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Annette C. Bisby

Signature

Annette C. Bisby — Env. & Reg. Secrtry

Printed Name — Title

8-7-89 — (713) 968-4012

Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By Bill D. Shaw

SUPERVISION DISTRICT # 3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.