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NEW MEXICO OIL CONSERVATION COMMSSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
Revised 9-1-65

Type Test: ☒ Initial ☐ Annual ☐ Special				Test Date: 10-28-68	
Company: Aztec Oil and Gas		Connection: Southern Union Gathering			
Pool: Blanco		Formation: Mesaverde		Unit	
Completion Date: 10-17-68	Total Depth: 5300	Plug Back TD: 5299	Elevation: 6257 DF	Farm or Lease Name: Davis	
Csg. Size: 5½ / Wt. / d / Set At: 5300	Perforations: From 5116 To 5294			Well No.: 6	
Tbg. Size: 2½ / Wt. / d / Set At: 5148	Perforations: From open ended To			Unit: O / Sec.: 12 / Twp.: 31N / Rge.: 12W	
Type Well – Single – Bradenhead – G.G. or G.O. Multiple: single		Packer Set At:		County: San Juan	
Producing Thru: tubing	Reservoir Temp. °F @	Mean Annual Temp. °F	Bar. Press. – P_a	State: New Mexico	

L	H	Gg	% CO_2	% N_2	% H_2S	Prover	Meter Run	Taps

	FLOW DATA					TUBING DATA		CASING DATA		
NO.	Prover Line Size	X Orifice Size	Press. p.s.i.g.	Diff. h_w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	Duration of Flow
SI	2	3/4				630		640		
1.						552		551		3 hr.
2.										
3.										
4.										
5.										

RATE OF FLOW CALCULATIONS

NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P_m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	12.365		644	1.002	.9258	1.020	1916
2							
3							
4							
5							

NO.	P_r	Temp. °R	T_r	Z
1				
2				
3				
4				
5				

Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
Specific Gravity Separator Gas XXXXXXXXX
Specific Gravity Flowing Fluid XXXXX
Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
Critical Temperature _____ R _____ R

(1) $\left[\frac{P_c^2}{P_c^2 - P_w^2}\right]^n$ = _____

(2) $\left[\frac{P_c^2}{P_c^2 - P_d^2}\right]^n$ = 2791

Absolute Open Flow 2791 Mcfd @ 15.025 Angle of Slope θ _____

Remarks: _____

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Approved By Commission:	Conducted By:	Calculated By:	Checked By:
		[illegible]	

Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: SF - 077648

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☑ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Davis

2. NAME OF OPERATOR: [illegible] and Gas Company

9. WELL NO.: 6

3. ADDRESS OF OPERATOR: Drawer 570, Farmington, New Mexico

10. FIELD AND POOL, OR WILDCAT: Blanco Mesaverde

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements.*)
At surface: 990 FSL & 1650 FEL, Sec. 12-31N-12W
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 12-31N-12W

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14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		San Juan	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10-7-68	10-10-68	10-15-68	6257 DF	6248

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
5300	5299		→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5116 - 5204 Mesaverde

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Neutron

27. WAS WELL CORED: no

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"		163'	13-1/4	75 sx	
5-1/2"		5057'	7	200 sx	
3-1/2"		5300'	4-3/4	65 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1½"	5146	

31. PERFORATION RECORD (*Interval, size and number*)
5116-32, 5142-72, 5187-5204, 2 SPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5116 - 5204	50,000# 20/40 sand
	25,000# 10/20 sand
	69,650 gal water

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
				5703		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [signature] TITLE District Superintendent DATE 11-1-68

*(See Instructions and Spaces for Additional Data on Reverse Side)

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	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
Amoco Oil and Gas

Address
Drawer 570, Farmington, New Mexico

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Davis	6	Blanco Mesa Verde	SF-078048	

Location
Unit Letter O ; 990 Feet From The South Line and 1650 Feet From The East

Line of Section 10 Township 32N Range 11W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Plateau, Incorporated	Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address *(Give address to which approved copy of this form is to be sent)*
Southern Union Gathering	Box 328, Bloomfield, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

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 Resv.	Diff. Resv.
		X		X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-7-68	10-17-68	5300	5299
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6257 DF	Mesaverde	5116	5148
Perforations			**Depth Casing Shoe**
5116-32, 5142-72, 5187-5204, 2 spf			5300'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-1/4"	10-3/4"	153'	75 sx
7"	5-1/2"	5058'	200 sx
4-3/4"	3-1/2"	5300'	65 sx
	2-3/8"	5148'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			3/4"

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.

(Signature)
District Superintendent
(Title)
November 1, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 5 1968

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

OIL CON. COM. 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