

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

Form C-122
 Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special						Test Date 10-20-81			
Company Amoco Production Company				Connection El Paso Natural Gas Company					
Pool Mt. Nebo				Formation Fruitland				Unit	
Completion Date 6-20-81		Total Depth 2713		Plug Back TD 2713		Elevation 5919 G.L.		Farm or Lease Name State Gas Com "BW"	
Csq. Size 7.000	Wt. 20	d 6.456	Set At 2680	Perforations: From open To hole				Well No. 1	
Tbg. Size 2.875	Wt. 6.5	d 2.441	Set At 2590	Perforations: From Rod & To Pump				Unit Sec. Twp. Rge. B 32 32N 10W	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single						Packer Set At 2605		County San Juan	
Producing Thru		Reservoir Temp. °F @		Mean Annual Temp. °F		Baro. Press. - P _a		State New Mexico	
L	H	Gg	% CO ₂	% N ₂	% H ₂ S	Prover	Meter Run	Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow
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.	
SI	67 days						1262		1293	
1.										
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, F _{sp}	Rate of Flow Q, Mcfd
1.							
2.							
3.							
4.							
5.							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio	A.P.I. Gravity of Liquid Hydrocarbons	Specific Gravity Separator Gas	Specific Gravity Flowing Fluid	Critical Pressure P.S.I.A.	Critical Temperature	P.S.I.A.	R
1.												
2.												
3.												
4.												
5.												

NO.	P _i ²	P _w ²	P _w ²	P _c ² - P _w ²
1.				
2.				
3.				
4.				
5.				

(1) $\frac{P_c^2}{P_c^2 - P_w^2} =$ _____

ACF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ _____

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

Absolute Open Flow _____ Mcfd @ 15.025		Angle of Slope θ _____	Slope, n _____
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Remarks: Pumping unit 5/4" Rods set @ 2450' open hole 2680' to 2713'

Approved By Commission:	Conducted By: J. J. Barnett	Calculated By:	Checked By:
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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Dr., Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Pool Name Change
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

SEP 04 1984
OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Gas Com "BW"	Well No. 1	Pool Name, including Formation Cedar Hill Fruitland Basal Coal	Kind of Lease State, Federal or Fee State	Lease No. E-3370
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>32N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 990, Farmington, N M 87401
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? Yes When 10-7-81

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Original Signed By

Chavez
(Signature)

Adm. Supervisor

(Title)

8-29-84

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 04 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.