

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL DELIVERABILITY TEST REPORT FOR 19 69**

Form C122-A  
 Revised 1-1-68

POOL NAME <b>Basin</b>	POOL SLOPE <b>n = .75</b>	FORMATION <b>Dakota</b>	COUNTY <b>Rio Arriba</b>
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75-962

COMPANY <b>El Paso Natural Gas</b>			WELL NAME AND NUMBER <b>San Juan 27-4 Unit No. 46</b>		
UNIT LETTER <b>H</b>	SECTION <b>31</b>	TOWNSHIP <b>27</b>	RANGE <b>4</b>	PURCHASING PIPELINE <b>El Paso Natural Gas</b>	
CASING O.D. - INCHES <b>4.500</b>	CASING I.D. - INCHES <b>4.052</b>	SET AT DEPTH - FEET <b>8060</b>	TUBING O.D. - INCHES <b>2.375</b>	TUBING I.D. - INCHES <b>1.995</b>	TOP - TUBING PERF. - FEET <b>7783</b>
GAS PAY ZONE		WELL PRODUCING THRU		GAS GRAVITY	GRAVITY X LENGTH
FROM <b>7814</b>	TO <b>8032</b>	CASING	TUBING <b>XX</b>	<b>.678</b>	<b>5277</b>
DATE OF FLOW TEST			DATE SHUT-IN PRESSURE MEASURED		
FROM <b>4/12/69</b>	TO <b>4/20/69</b>	<b>9-17-68</b>			

**PRESSURE DATA - ALL PRESSURES IN PSIA**

(a) Flowing Casing Pressure (DWt) <b>---</b>	(b) Flowing Tubing Pressure (DWt) <b>---</b>	(c) Flowing Meter Pressure (DWt) <b>---</b>	(d) Flow Chart Static Reading <b>---</b>	(e) Meter Error (Item c - Item d) <b>0</b>	(f) Friction Loss (a-c) or (b-c) <b>0</b>	(g) Average Meter Pressure (Integr.) <b>484</b>
(h) Corrected Meter Pressure (g+e) <b>484</b>	(i) Avg. Wellhead Press. $P_t = (h + f)$ <b>484</b>	(j) Shut-in Casing Pressure (DWt) <b>2472</b>	(k) Shut-in Tubing Pressure (DWt) <b>2448</b>	(l) $P_e$ = higher value of (j) or (k) <b>2472</b>	(m) Del. Pressure $P_d = \frac{50}{1236} P_e$ <b>1236</b>	(n) Separator or Dehydrator Pr. (DWt) for critical flow only

**FLOW RATE CORRECTION (METER ERROR)**

Integrated Volume - MCF/D <b>456</b>	Quotient of $\frac{\text{Item c}}{\text{Item d}}$ <b>1.0000</b>	$\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ <b>1.0000</b>	Corrected Volume <b>456</b> MCF/D
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**WORKING PRESSURE CALCULATION**

$(1 - e^{-s})$ <b>.319</b>	$(F_c Q_m)^2 (1000)$ <b>18378</b>	$R^2 = (1 - e^{-s}) (F_c Q_m)^2 (1000)$ <b>5863</b>	$P_t^2$ <b>234256</b>	$P_w^2 = P_t^2 + R^2$ <b>240119</b>	$P_w = \sqrt{P_w^2}$ <b>490</b>
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**DELIVERABILITY CALCULATION**

$$D = Q \left[ \frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n = \frac{456}{\left[ \frac{4583088}{5870665} \right]^n} = \frac{456}{(0.7806)^n} = \frac{456}{0.8304} = 379 \text{ MCF/D}$$

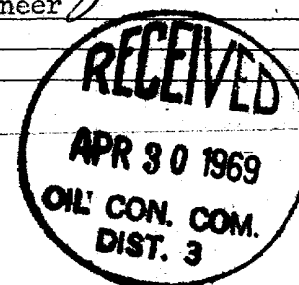
**REMARKS:**

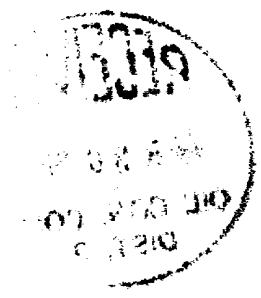
**New well first delivered 2-28-69**

**SUMMARY**

Item h	<b>484</b>	Psia
$P_c$	<b>2472</b>	Psia
$Q$	<b>456</b>	MCF/D
$P_w$	<b>490</b>	Psia
$P_d$	<b>1236</b>	Psia
$D$	<b>379</b>	MCF/D

Company **EL PASO NATURAL GAS COMPANY**  
 By **H. E. McAnally**  
 Title **Well Test Engineer**  
 Witnessed By \_\_\_\_\_  
 Company \_\_\_\_\_





SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name San Juan 27-4 Unit	Well No. 46	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 080670
Location				
Unit Letter H	1750	Feet From The North	Line and 850	Feet From The East
Line of Section 31	Township 27N	Range 4W	NMPM,	Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 990, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	501 Airport Drive, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 27N	Rge. 4W	Is gas actually connected?	When

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

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		

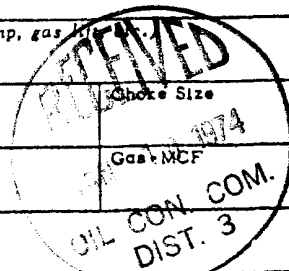
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
(Title)
JAN 9 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED	FEB 7 1974	19
BY Original Signed by Emery G. Arnold		
TITLE SUPERVISOR 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.  
Complete Form C-104 must be filed for each pool in multiply