

Initial Deliverability  
Test

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS WELL TEST DATA SHEET - - SAN JUAN BASIN

(TO BE USED FOR FRUITLAND, PICTURED CLIFFS, MESAVERDE, & ALL DAKOTA  
EXCEPT BARKER DOME STORAGE AREA)

Pool Undesignated Formation Gallup County San Juan  
Purchasing Pipeline El Paso Natural Gas Company Date Test Filed 4/21/58  
Operator SKELLY OIL COMPANY Lease Navajo "D" Well No. 1  
Unit D Sec. 13 Twp. 26N Rge. 12W Pay Zone: From 5106 To 5130  
Casing: OD 5 1/2" WT. 14# Set At 5248 Tubing: OD 2" WT. 4.70 T. Perf. 5050  
Produced Through: Casing    Tubing X Gas Gravity: Measured .695 Estimated     
Date of Flow Test: From 3-9-58 To 3-17-58 Date S.I.P. Measured 9-28-57  
Meter Run Size 4" Orifice Size 1.500 Type Chart Sq. Rt. Type Taps Flange

OBSERVED DATA

Flowing casing pressure (Dwt)    psig + 12 =    psia (a)  
Flowing tubing pressure (Dwt)    psig + 12 =    psia (b)  
Flowing meter pressure (Dwt)    psig + 12 =    psia (c)  
Flowing meter pressure (meter reading when Dwt. measurement taken:  
Normal chart reading    psig + 12 =    psia (d)  
Square root chart reading (    ) <sup>2</sup> x spring constant    =    psia (d)  
Meter error (c) - (d) or (d) - (c)    ±    =    psi (e)  
Friction loss, Flowing column to meter:  
(b) - (c) Flow through tubing; (a) - (c) Flow through casing    =    psi (f)  
Seven day average static meter pressure (from meter chart):  
Normal chart average reading    psig + 12 =    psia (g)  
Square root chart average reading ( 7.20 ) <sup>2</sup> x sp. const. 10.00 = 518 psia (g)  
Corrected seven day avge. meter press. (p<sub>f</sub>) (g) + (e)    = 518 psia (h)  
P<sub>t</sub> = (h) + (f)    = 518 psia (i)  
Wellhead casing shut-in pressure (Dwt) 1241 psig + 12 = 1253 psia (j)  
Wellhead tubing shut-in pressure (Dwt) 1220 psig + 12 = 1232 psia (k)  
P<sub>c</sub> = (j) or (k) whichever well flowed through    = 1232 psia (l)  
Flowing Temp. (Meter Run) 60 °F + 460    = 520 °Abs (m)  
P<sub>d</sub> = 1/2 P<sub>c</sub> = 1/2 (l)    = 616 psia (n)

FLOW RATE CALCULATION

Q =    x  $\left( \frac{\sqrt{(c)}}{\sqrt{(d)}} \right)^* = \text{MCF/da}$   
(Integrated)

DELIVERABILITY CALCULATION

D = Q 1,114  $\left[ \frac{(P_c^2 - P_d^2)}{(P_c^2 - P_w^2)} \right]^n \cdot .85 \cdot .9111 = .9239 = 1029 \text{ MCF/da}$

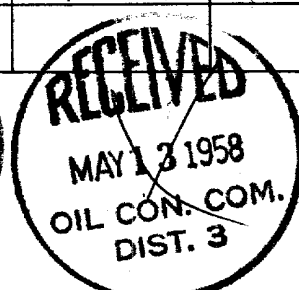
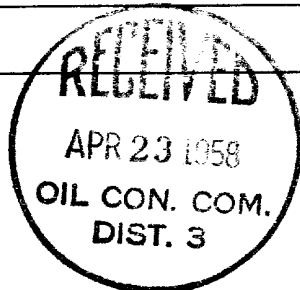
SUMMARY

P<sub>c</sub> = 1232 psia Company SKELLY OIL COMPANY  
Q = 1114 Mcf/day By Lee R. King  
P<sub>w</sub> = 518 psia Title Engineer  
P<sub>d</sub> = 616 psia Witnessed by     
D = 1029 Mcf/day Company   

\* This is date of completion test.  
\* Meter error correction factor

REMARKS OR FRICTION CALCULATIONS

GL	(1-e <sup>-S</sup> )	(F <sub>c</sub> Q) <sup>2</sup>	(F <sub>c</sub> Q) <sup>2</sup> R <sup>2</sup>	(1-e <sup>-S</sup> )	P <sub>t</sub> <sup>2</sup> (Column i)	P <sub>t</sub> <sup>2</sup> + R <sup>2</sup>	P <sub>w</sub>



NUMBER OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	GAS	
PRORATION OFFICE			
OPERATOR			

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <b>Skelly Oil Company</b>				Lease <b>Lease No. 2</b> <b>Land 1111</b>		Well No. <b>68</b>	
Unit Letter <b>"D"</b>	Section <b>13</b>	Township <b>26-N</b>	Range <b>12-W</b>		County <b>San Juan</b>		
Pool <b>Alamosa Valley</b>					Kind of Lease (State, Fed, Fee) <b>Lease</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>"D"</b>	Section <b>13</b>	Township <b>26-N</b>	Range <b>12-W</b>	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> <b>Skelly Oil Company</b>				Address (give address to which approved copy of this form is to be sent) <b>215 N. 1st St. Santa Fe, N.M.</b>			

**Is Gas Actually Connected?** Yes ☒ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>Skelly Oil Company</b>		Date Connected <b>2/1/63</b>	Address (give address to which approved copy of this form is to be sent) <b>215 N. 1st St. Santa Fe, N.M.</b>
---	--	---------------------------------	--

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

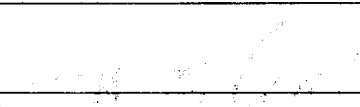
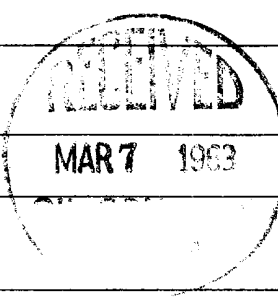
- |  |  |
|--|--|
| New Well ..... <input type="checkbox"/>  | Change in Ownership ..... <input type="checkbox"/> |
| Change in Transporter (check one)  | Other (explain below)                              |
| Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>         | <b>Change in Lease</b>                             |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> |  |

Remarks

**Lease transferred to Skelly Oil Company from effective February 1, 1963.**  
**This well was formerly known as Skelly Oil Company's Navajo "D"**  
**Well No. 1.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **25th** day of **February**, 19 **63**.

OIL CONSERVATION COMMISSION		By 	
Approved by		Title <b>District Supervisor</b>	
Title <b>DEPUTY OIL &amp; GAS INSPECTOR DIST. NO. 3</b>		Company <b>Skelly Oil Company</b>	
Original Signed by <b>W. B. Smith</b>		Address <b>215 N. 1st St. Santa Fe, N.M.</b>	
Date <b>MAR 7 1963</b>			

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
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  
Skelly Oil Company  
Address  
P.O. Box 730, Hobbs, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) *Mc Neal*  
Effective March 1, 1967

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE NOTE: Well Shut in  
Lease Name Gallegos Gallup Sand Ut. Well No. 68 Pool Name, Including Formation Gallegos Gallup Kind of Lease State, Federal or Fee Federal Lease No.  
Location  
Unit Letter D 990 Feet From The North Line and 990 Feet From The West  
Line of Section 13 Township 26N Range 12W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3119 - Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 920, Farmington, New Mexico  
If well produces oil or liquids, give location of tanks. Unit D Sec. 13 Twp. 26N Rge. 12W Is gas actually connected? Yes 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 capable of this depth or be for full 24 hours)  
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  
RECEIVED  
MAR 6 1967  
OIL CON. COM.  
DIST. 3

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. 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 (Signature)

March 3, 1967

(Title)

(Date)

OIL CONSERVATION COMMISSION  
APPROVED *MAR 6 1967*, 19  
BY *Original Signed by [Signature] C. Arnold*  
TITLE *SUPERVISOR*

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.