

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Blanco Mesa Verde Formation Mesa Verde County San Juan
Initial X Annual _____ Special _____ Date of Test 3/19/56
Company El Paso Natural Gas Co. Lease San Juan 32-9 Well No. 25
Unit 8 Sec. 2 Twp. 31N Rge. 10W Purchaser _____
Casing 7 Wt. _____ I.D. _____ Set at 5590 Perf. _____ To _____
Tubing 2 Wt. 4.7 I.D. 1.995 Set at 5516 Perf. _____ To _____
Gas Pay: From _____ To _____ L _____ xG 0.650 -GL _____ Bar.Press. _____
Producing Thru: Casing _____ Tubing X Type Well Single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: _____ Packer _____ Reservoir Temp. _____

OBSERVED DATA

Tested Through (Prover) (Choke) (Meter) Choke Type Taps _____

No.	Flow Data			Tubing Data			Casing Data			Duration of Flow Hr.
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h_w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
1.		<u>3/4</u>			<u>77</u>	<u>1011</u>		<u>1012</u>		<u>3 hours</u>
2.						<u>418</u>		<u>924</u>		
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.	<u>14.1605</u>		<u>430</u>	<u>0.9840</u>	<u>0.9608</u>	<u>1.038</u>	<u>5975</u>
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
 F_c _____ ($1-e^{-s}$)
Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid _____
 P_c _____ P_c^2 _____

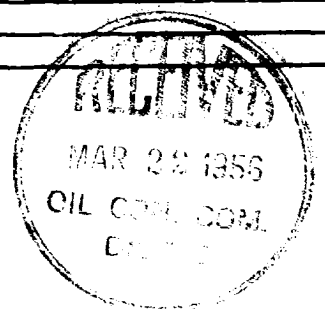
No.	P_w P_t (psia)	P_t^2	$F_c Q$	$(F_c Q)^2$	$(F_c Q)^2$ ($1-e^{-s}$)	P_w^2	$P_c^2 - P_w^2$	Cal. P_w	P_w P_c
1.									
2.									
3.									
4.									
5.									

Absolute Potential: 23,123 MCFPD; n 0.750COMPANY El Paso Natural Gas CompanyADDRESS P. O. Box 997, Farmington, N.M.AGENT and TITLE L. D. Galloway, Sr. Gas Engineer

WITNESSED _____

COMPANY _____

REMARKS



OIL CONSERVATION COMMISSION		
AZITO DISTRICT OFFICE		
No. Copies Received	3	
DATE RECEIVED		
TO	BY	
FOR	BY	
By Mr.		✓
By Mr.		
By Mr.		
By Mr.		✓
By Mr.		✓
By Mr.		