OPEN FLOW TEST DATA

DATE __May 19, 1977

Operator El Paso Natur	al Gas Company	Pritchard #3-A	
Location 34-31-09		County San Juan	Stote New Mexico
Formation Mesa Verde		Pool Blanco	
Casing: Diameter 4 1/2	Set At: Feet 55871	Tubing: Diameter 2 3/8	Set At: Feet 54921
Pay Zone: From 4603	To 5498	Total Depth: 5587	Shut in 5-12-77
Stimulation Method Sandwater Frac		Flow Through Casing	Flow Through Tubing XX

Choke Size, Inches		Choke Constant): C	1			
. 750 Shut-In Pressure, Casing,	PSIG	+ 12 = PSIA	Days Shut-In	Shut-In Pressure, Tubing	PSIG 665	+ 12 = PSIA 677	
Flowing Pressure: P	PSIG 164	+ 12 = PSIA 176		Working Pressure: Pw Calc.	PSIG	+ 12 = PSIA 349	
Temperature: T= 61 °F Ft:	9990	n = .75		Fpv (From Tables) 1.016		Gravity .650	Fg=.9608

$$Q = 12.365(176)(.9990)(.9608)(1.016)$$

OPEN FLOW = Aof = Q
$$\begin{pmatrix} 2 \\ -\frac{P_c}{2} \\ P_c & P_w \end{pmatrix}$$

1. 31211 2 6 25 (125 66

Aof =
$$Q\left(\begin{array}{c} 458329 \\ 336528 \end{array}\right)^{\mathbf{n}}$$
 = (2122) (1.3619) = $.75$ (2122) (1.2607)

Aof = 2675 MCF/D Note: Well blew dead in 3 minutes, then unloaded slug of water- light fog rest of test.

Well vented to atmosphere 265 MCF of gas.

TESTED BY R. Headrick

WITNESSED BY Wagner- Mabe

STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECEI	VED				
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
T04NCD0DTFD	OIL				
IRANSPURIER	TRANSPORTER GAS				
OPERATOR					
PRORATION OFFICE					

OIL CONSERVATION DIVISION

P.O. BOX 2088 SANTA FE, NEW MEXIÇO 87501

Revised 10-01-78 Format 06-01-83 Page 1

Form C-104

LAND OFFICE											27	÷			
TRANSPORTER GAS REQUEST FOR ALI						ALIC	: NA/ARLE		\mathcal{H}		the same				
	GA5	-				nLQ			AAVOFF		$ \mathcal{H}$			4 80 -	
OPERATOR AND										4,		್ ಮೈ	WE		
PRORATION OFFICE	1	Ш		AUTI	HORIZ	ATION TO	TRANS	PORT C	IL AND N	ATUR	IAL GAS	•			וחו
<u>l.</u>												SEP	0		[[]]
Operator											13		00/3	985	
Tenneco Oil	Comp	any)				: 			12 CC)AI	985 DIV,	
Address		_										Dia	7. A.	DIV	
P. O. Box 32	249,	Eng!	lewood	, CO	801	55						DIS	T. 3	- , v ,	
Reason(s) for filing (Che	ck prope	r box)							Other (Ple	ease exp	olain)				
New Well		Char	nge in Trans	porter of:					1						
Recompletion			Oil			Dry C	Gas		!						
X Change in Ownersh			Casinghea	- C		X con	lensate		Wel	l Na	me				
Change in Owners	пр		Casingnea	io Gas		- VALUE CONT	lensate								
If change of ownership g and address of previous		•	El Pa	aso N	latur	al Gas	, P.O.	Box 4	990, F	armi	ngton,	NM 87	499		
									!						
II. DESCRIPTION	OF WE	ELL A	ND LEAS	SE											
Lease Name				Well	No.	Pool Name, In	cluding Form	ation			Kind of Leas		USA		Lease No.
Pritchard LS	3			3	A	Undes.	Frt.				State, Feder	al of Fee	NM	1	013686
Location									 			-			. 4
Unit Letter	I		1830	0		Feet From The	SS		Line and	d	1060	Fe	et From The	e <u>E</u>	
Line of Section	34		•	Township		31 N		Range	91	al .	,	NMPM, S	an Ju	an	County
									-						
III. DESIGNATION	OF TE	RANS	PORTER	OF O	IL ANI	NATURA	AL GAS		:						
Name of Authorized Tran								Address	(Give address	to which	approved co	py of this for	m is to be	sent)	
Conoco Inc.	Surf	ace	Trans	porta	tion			P. O. Box 460, Hobbs, NM 88240							
Name of Authorized Transporter of Casinghead Gas or Dry Gas 💥					Address (Give address to which approved copy of this form is to be sent)										
El Paso Natu	ıral	Gas						P.	O. Box	499	0, Farı	ningto	n, NM	87499	
			Unit	t I	Sec.	Twp.	Rge.	Is gas a	tually connect	ted?		When			
If well produces oil or liquidive location of tanks.	uids,			I	34	31N	9W		Yes	_	 				
If this production is comm	ingled wit	h that fr	om any othe	r lease or	pool, give	commingling	order numbe	r							
NOTE: Complete	Dorto I	1/ 055	/ 1/ an		sida if	2000000	,		!						

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.

	Sott M=Kinning	
	 	-
Sr.	(Signature) Regulatory Analyst	
	(Title)	_

SEP	(Tiţle)	1995		
	(Date)			

	OIL CONSERVATION DIV	VISIQ	CD	06:	1005
APPROVED	5		SEF	္,ၦ ₉ ပ	1303
BY :	Srank J. Sava	٧/			
TITLE		0	SUPERV	ISOR DIST	RICT 🚒 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 walls.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Designate Type of Completion	n — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v.	Diff. Res, V.
Date Spudded	Date Com	pl. Ready to Prod.		Total Depth	_i		P.B.T.D.	i	<u>i</u> ;
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Pro			Top Oil/Gas	Pay		Tubing Depth		
Perforations	<u> </u>						Depth Casing	g Shoe	
		TUBING	, CASING, A	ND CEMENT	ING RECORE)			
HOLE SIZE		CASING & TUBI	NG SIZE		DEPTH SE	ĒT		SACKS CEME	NT
	-					_			
							-		
V. TEST DATA AND REQUEST	FOR ALLO	NABLE OIL V	VFII		after recovery of a	total volume of lo	ad oil and must be	equal to or exceed	top allowable for th
Date First New Oil Run To Tanks	Date of Te		<u>•</u>		thod (Flow, pump	gas lift, etc.)			
Length of Test	Tubing Pre	essure		Casing Press	sure		Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas · MCF		
GAS WELL	1								
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	nsate/MMCF		Gravity of Co	ondensate	
Testing Method (pilot, back pr.)	Tubing Pr	esssure (Shut-in)		Casing Pres	sure (Shut-in)		Choke Size		

AN HE MANAGE

IV. COMPLETION DATA

STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECE	EIVED	
DISTRIBUTION	4	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		1
	OIL	
TRANSPORTER	GAS	\top
OPERATOR		\top
PRORATION OFFICE		

Change in Ownership

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

REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OPERATOR ANL	
PROBATION OFFICE AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL CASE
Operator Tenneco Oil Company	O, SEPONE
P. O. Box 3249, Englewood, CO 80155	CON 1985
Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas	Other (Please explain)

Well Name

If change of ownership give and address of previous o	e name El F	aso Natu	ıral Gas,	P.O. Box 49	90, Farm	ington, NM 8	7499	
II. DESCRIPTION O	F WELL AND LEA	ASE						
Lease Name		Well No.	Pool Name, Includ	ng Formation		Kind of Lease	USA	Lease No.
Pritchard LS		3 A	Blanco-M	v		State. Federal or Fee	NM	013686
Location					•			
Unit Letter	183	30	Feet From The	S	Line and	1060 F	eet From TheE	
Line of Section	34	Township	31N	Range	9W	, NMPM,	San Juan	County

X Condensate

III. DESIGNATION OF TRANS	SPORTER OF	OIL AN	D NATUR	AL GAS									
Name of Authorized Transporter of Oil or Condensate X. Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P. O. Box 460, Hobbs, NM 88240 Address Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499								
										El Paso Natural Gas			
											Unit	Sec.	Twp.
If well produces oil or liquids, give location of tanks.	I	34	31N	9W						Yes			

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.

Casinghead Gas

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.
Sott M=Kmin,
(Signature)
Sr. Regulatory Analyst
SEP 1 1995
(Date)

:	OIL CONSERVATION DIVISION F.P. 0.6 1985
APPROVED	JL1, 19 0 1300
вү	Frank Jal
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 walls.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter. or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Formation	1	Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
Perforations				Depth Casing Shoe							
		TUBING	, CASING, A	ND CEMENTI	NG RECORD	· · · · · · · · · · · · · · · · · · ·					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT				
V. TEST DATA AND REQUEST FOR	R ALLOWA	BLE OIL W	/ELL	(Test must be depth or be for	after recovery of to full 24 hours)	ital volume of lo	ad oil and must be e	qual to or exceed t	op allowable for th		
Date First New Oil Run To Tanks	Date of Test			Producing Met	hod (Flow, pump.	gas lift, etc.)					
Length of Test	Tubing Pressure	e		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas - MCF		·		
GAS WELL						- · ·					
Actual Prod. Test · MCF/D	Length of Test	_		Bbls. Conden	sate/MMCF		Gravity of Cor	ndensate			
Testing Method (pilot, back pr.)	Tubing Presssu	ure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size				
	L			L			1				



IV. COMPLETION DATA