

EL PASO NATURAL GAS COMPANY  
OPEN FLOW TEST DATA

DATE May 19, 1977

Operator El Paso Natural Gas Company		Lease Pritchard #3-A	
Location SE 34-31-09		County San Juan	State New Mexico
Formation Mesa Verde		Pool Blanco	
Casing: Diameter 4 1/2	Set At: Feet 5587'	Tubing: Diameter 2 3/8	Set At: Feet 5492'
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 .750		Choke Constant: C 12.365			
Shut-In Pressure, Casing, --	PSIG	+ 12 = PSIA --	Days Shut-In 7	Shut-In Pressure, Tubing 665	PSIG + 12 = PSIA 677
Flowing Pressure: P 164	PSIG	+ 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

$$\text{CHOKE VOLUME} = Q = C \times P_i \times F_t \times F_g \times F_{pv}$$

$$Q = 12.365 (176) (.9990) (.9608) (1.016) = \underline{\quad 2122 \quad} \text{ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left( \frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

$$Aof = Q \left( \frac{458329}{336528} \right)^n = (2122) (1.3619) = .75 (2122) (1.2607)$$

$$Aof = \underline{\quad 2675 \quad} \text{ MCF/D}$$

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

*C.R. Wagner*  
Well Test Engineer

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 06 1985  
OIL CON. DIV.  
DIST. 3

I.

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Well Name	

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Pritchard LS</b>	Well No. <b>3 A</b>	Pool Name, including Formation <b>Undes. Frt.</b>	Kind of Lease State, Federal or Fee <b>USA NM</b>	Lease No. <b>013686</b>
Location				
Unit Letter <b>I</b> : <b>1830</b> Feet From The <b>S</b> Line and <b>1060</b> Feet From The <b>E</b>				
Line of Section <b>34</b> Township <b>31N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> County				

III. 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)
<b>Conoco Inc. Surface Transportation</b>	<b>P. O. Box 460, Hobbs, NM 88240</b>
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)
<b>El Paso Natural Gas</b>	<b>P. O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>I</b> Sec <b>34</b> Twp. <b>31N</b> Rge. <b>9W</b>	<b>Yes</b>

If this production is commingling 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.

*Scott McKinney*  
(Signature)  
Sr. Regulatory Analyst

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION  
APPROVED *Frank J. Dwyer* SEP 06 1985  
BY  
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 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.

#### 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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

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

**END PAGE**

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ENERGY AND MINERALS DEPARTMENT

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*Scott McKinnis*  
(Signature)  
Sr. Regulatory Analyst

(Title)  
**SEP 1 1985**  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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