

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special		Test Date 5-15-77	
Company AMOCO PRODUCTION COMPANY		Connection El Paso Natural Gas Co.	
Pool Blanco Mesaverde		Formation Mesaverde	
Completion Date 5-8-77		Total Depth 4950	Plug Back TD 4919
		Elevation 5729' GL	Farm or Lease Name Ridenour Gas Com
Csg. Size 7"	Wt. 23#	d 6.366	Set At 2850
Perforations: From 3952 To 4896		Well No. 1-A	
Tbg. Size 2-3/8"	Wt. 4.7#	d 1.995	Set At 4896
Perforations: From Open To Ended		Unit Sec. Twp. Rge. P 13 31 11	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single		Packer Set At None	
Producing Thru Tbg.		Reservoir Temp. °F @	
Mean Annual Temp. °F		Baro. Press. - P _a	
State New Mexico			
L	H	Gg .65	% CO ₂
		% N ₂	% H ₂ S
Prover		Meter Run	
Taps			

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	
SI	7 days						754		827	
1.	2.375"		.750				200		700	60°
2.										
3.										
4.										
5.										

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	12.365		212	1.000	.9608	1.020	2569
2.							
3.							
4.							
5.							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ XXXXXXXXXX
3.					Specific Gravity Flowing Fluid _____ XXXXXX
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P _c 839	P _c ² 703,921	
NO.	P _r ²	P _w
1		712
2		506,944
3		196,977
4		
5		

(1) $\frac{P_c^2}{P_c^2 - P_w^2} = \underline{\underline{3.5736}}$

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \underline{\underline{6677}}$

(2) $\left[\frac{P_r^2}{P_c^2 - P_w^2} \right]^n = \underline{\underline{2.5991}}$

Absolute Open Flow 6677	Mcf/d @ 15.025	Angle of Slope θ _____	Slope, n .75
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Remarks: **4-1/2" Liner 2657-4950'**

Approved By Commission:	Conducted By: T. M. Oliver	Calculated By: Oliver/W.R. Cordill	Checked By: H. D. Montgomery
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name Ridenour Gas Com
3. Address of Operator 501 Airport Drive, Farmington, New Mexico 87401	9. Well No. 1A
4. Location of Well UNIT LETTER P , 1150 FEET FROM THE South LINE AND 790 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 31N RANGE 11W NMPM.	10. Field and Pool, or Wildcat Blanco Mesaverde
15. Elevation (Show whether DF, RT, GR, etc.) 5729' GL, 5742' KB	12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Perf & Frac <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5/2/77 Pressure tested casing with 3000 psi, OK and spotted 300 gallons 15% HCl at 4890'. Perfed first stage: 4629-34, 4662-66, 4694-4709, 4714-36, 4741-73, 4782-84, 4788-92, 4814-20, 4872-74, 4884-86, and 4894-96 with 1 SPF. Fraced with 52,500 lbs sand with 26,250 gal frac fluid. Dropped 48 balls. Ran 52,500 lbs sand and 26,250 gal frac fluid. AIR 75 BPM and breakdown pressure 1500 psi. Set bridge plug at 4600' and tested to 3000 psi, OK. Perfed 4321-36, 4334-42, 4376-80, 4383-88, 4411-14, 4446-50, 4456-62, 4502-12, 4545-50, 4570-72 and 4574-76 with 1 SPF. Fraced with 30,000 lbs sand and 15,000 gal frac fluid. Dropped 27 balls. Pumped in 30,000 lbs sand and 15,000 gal frac fluid. Breakdown pressure 2400 and AIR 55 BPM. Set retrievable bridge plug at 4305' and pressure tested to 3000 psi, OK. Perfed 3952-54, 3974-76, 4017-26, 4052-60, 4066-70, 4096-98, 4140-4188, 4192-4230, 4240-45, 4266-72, and 4281-84, with 1 SPF. Fraced with 70,000 lbs sand and 35,000 gal frac fluid. Dropped 64 balls. Pumped 70,000 lbs sand and 35,000 gal frac fluid. Breakdown pressure 2000 psi and AIR 73 BPM. Cleaned out sand to retrievable bridge plug set at 4305'. Drilled bridge plug and cleaned out to bridge plug at 4600'. Drilled bridge plug at 4600' and cleaned out to PED at 4919'. Ran 2-3/8" J-55 tubing and landed at 4896'.

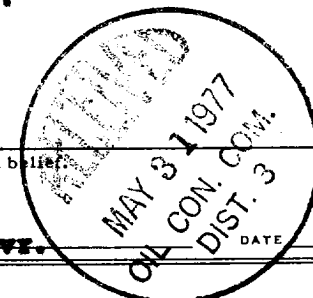
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *A. R. Kendrick* TITLE Area Adm. Super. DATE May 27, 1977

Original Signed by A. R. Kendrick

APPROVED BY _____ TITLE SUPERVISOR DIST. 3 DATE MAY 31 1977

CONDITIONS OF APPROVAL, IF ANY:



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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

RECEIVED
JAN 25 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ridenour Gas Com</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>Blanco Mesavende</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> : <u>1150</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>31N</u> Range <u>11W</u> , NMPL: <u>San Juan</u> 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)
<u>Permian Corp.</u> <u>Permian, Jan. 97 1987</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
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)
<u>El-Paso Natural Gas Company</u>	<u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>13</u> Twp. <u>31N</u> Rge. <u>11W</u>	

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.

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.

B.D. Shaw

(Signature)
Admin. Supervisor

(Title)
1-2-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 25 1985
BY Charles Sholton
TITLE DEPUTY OIL & GAS INSPECTOR, 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.

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452245400
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name RIDENOUR GAS COM	Well No. 1A	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter P	1150	Feet From The FSL	Line and 790	Feet From The FEL
Section 13	Township 31N	Range 11W	NMPM,	SAN JUAN
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)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 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)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? 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 equal to or exceed top allowable for this depth or be for full 24 hours)

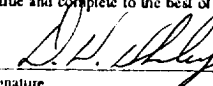
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
June 25, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990

By 

Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.