

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Revised 12-1-55

Pool Jenkins Atoka Formation Atoka County Lea
Initial X Annual _____ Special _____ Date of Test 4-26-65
Company Amerada Pet. Corp. Lease Anderson "A" Well No. 1
Unit P Sec. 19 Twp. 9S Rge. 35E Purchaser Sinclair O. & G. Co.
Casing 5 1/2 Wt. 17# I.D. 4.892 Set at 11,607 Perf. 11,477 To 11,484
Tubing 2 3/8 Wt. 4.7# I.D. 1.995 Set at open Perf. _____ To _____
Gas Pay: From 11,477 To 11,488 L 11,408 KG .760 GL 8,670 Bar.Press. 13.2
Producing Thru: Casing _____ Tubing X Type Well single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 8-21-63 Packer 11,273 Reservoir Temp. _____

OBSERVED DATA

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

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.	
SI						2787				
1.		1.500	435.7	24.01	94	2448				22
2.		"	422.4	32.49	95	2377				25
3.		"	490.9	84.64	98	2035				24
4.		1.750	549.3	55.50	106	1750				24
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_{wpf}}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	14.36	103.8	448.9	.9688	.8885	1.053	1,351
2.	"	119.0	435.6	.9680	"	1.050	1,543
3.	"	206.6	504.1	.9653	"	1.061	2,700
4.	20.15	176.7	562.5	.9585	"	1.064	3,226
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio 16,510/1 cf/bbl.
Gravity of Liquid Hydrocarbons 62 deg.
F_c _____ (1-e^{-s})

Specific Gravity Separator Gas .760
Specific Gravity Flowing Fluid 62
P_c 2,800 P_c² 7,840

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.	2461					6057	1783		
2.	2390					5712	2128		
3.	2048					4194	3646		
4.	1763					3108	4732		
5.									

Absolute Potential: 5,210 MCFPD; n .93895

COMPANY Sinclair Oil & Gas Co.
ADDRESS Box 308, Tatum, New Mexico
AGENT and TITLE R. Fawcett, Inst. Tech.
WITNESSED _____
COMPANY _____

* Bottom hole pressure bomb used for test.

REMARKS

INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w).
MCF/da. @ 15.025 psia and 60° F.

P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater.
psia

P_w = Static wellhead working pressure as determined at the end of flow period.
(Casing if flowing thru tubing, tubing if flowing thru casing.) psia

P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if flowing through casing.) psia

P_f = Meter pressure, psia.

h_w = Differential meter pressure, inches water.

F_g = Gravity correction factor.

F_t = Flowing temperature correction factor.

F_{pv} = Supercompressability factor.

n = Slope of back pressure curve.

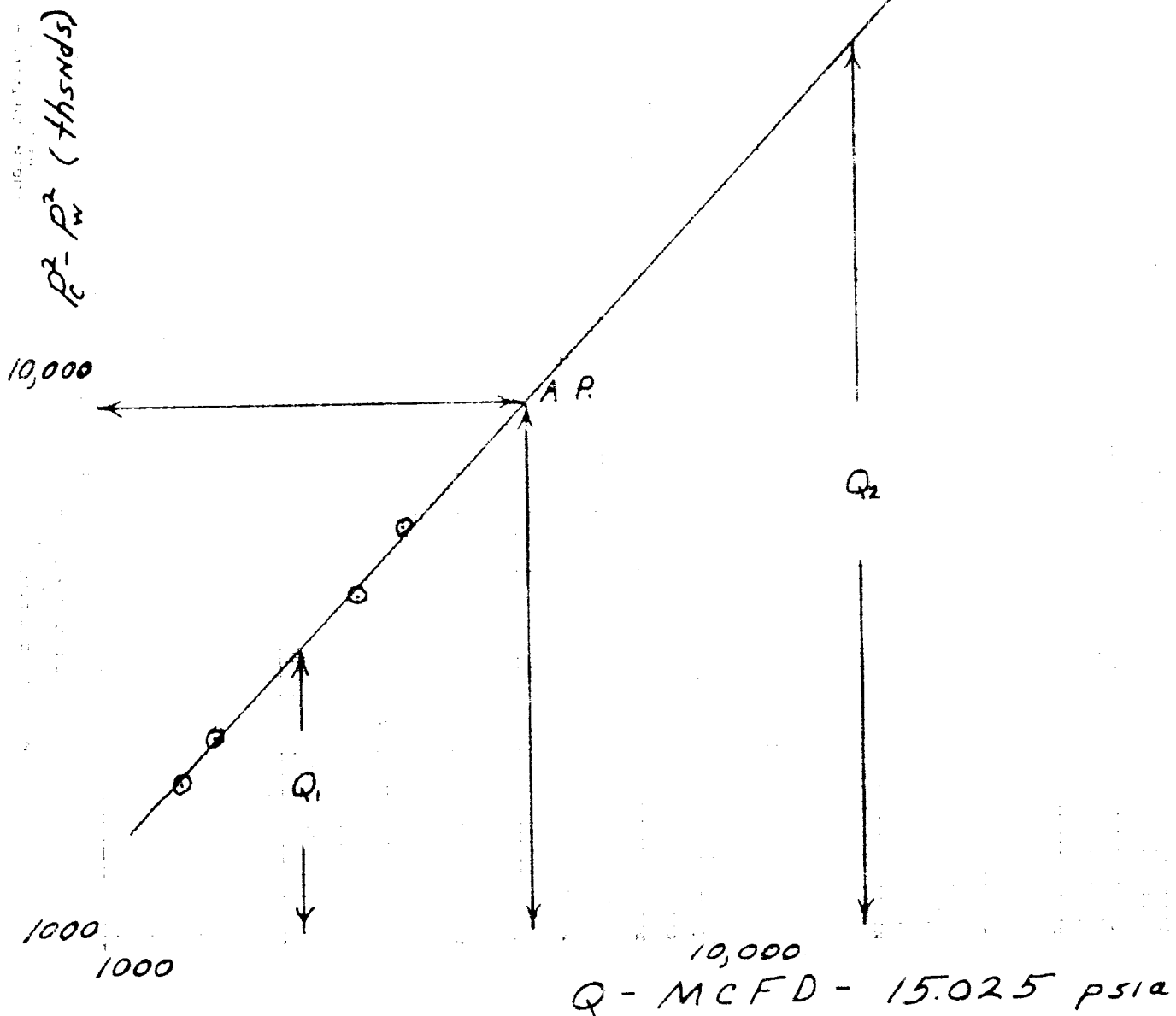
Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t .

AMERADA PET. C-AP
 ANDERSON "A" #1
 P-19-95-35E LEA Co.
 4-26-65

$$Q_2 = 18,750 ; \log = 4.2730013$$

$$Q_1 = 2,158 ; \log = 3.3340514$$

$$\text{slope } n = .9389499$$



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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 **Amerada Petroleum Corporation** NAME CHANGE
Address **P. O. Box 668 - Hobbs, New Mexico** AMERADA PETROLEUM CORP.
TO AMERADA HESS CORP.
Reason(s) for filing (Check proper box) Other (Please specify) **Effective July 1, 1969**
Filed to change name from:
S.E. Anderson "A" Lease to -
S. E. Anderson "A" ~~Unit~~ *Com*
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. Anderson "A" Unit	Well No. 1 Pool Name, including Formation Jenkins - Atoka	Kind of Lease State, Federal or Fee Fee
Location Unit Letter P , 660 Feet From The South Line and 660 Feet From The East Line of Section 19 , Township 9S Range 35E , NMPM, Lea 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"/> Magnolia Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 - Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Standard Oil & Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1170 - Midland, Texas Box 1589
If well produces oil or liquids, give location of tanks.	Unit B Sec. 30 Twp. 9S Rge. 35E Is gas actually connected? Yes When March 19, 1965

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.					
Pool	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 lead 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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]
(Signature)

District Superintendent
(Title)

March 22, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 Sections I, II, III, and VI only 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.

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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
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Effective 1-1-65

I. Operator
Amerada Petroleum Corporation

Address
P. O. Box 668 - 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. Anderson "A"	Well No. Pool Name, Including Formation 1 Jenkins-Atoka	Kind of Lease State, Federal or Fee Fee
Location Unit Letter P , 660 Feet From The South Line and 660 Feet From The East Line of Section 19 , Township 9-S Range 35-E , NMPM, Lea 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"/> Magnolia Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 - Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sinclair Oil & Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1430 - Midland, Texas Box 1529, Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When B 30 9-S 35-E No

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 <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded May 23, 1963	Date Compl. Ready to Prod. August 22, 1963	Total Depth 12,825'	P.B.T.D. 11,500'
Pool Jenkins-Atoka	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,183'	Tubing Depth 11,408'
Perforations 11,477' to 11,484'			Depth Casing Shoe 11,607'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	377'	500
12-1/4"	9-5/8"	4,080'	1500
8-3/4"	5-1/2"	11,607'	500

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 2621	Length of Test 9 Hrs.	Bbls. Condensate/MMCF 73	Gravity of Condensate 62
Testing Method (pitot, back pr.) Flow Test	Tubing Pressure 1700#	Casing Pressure	Choke Size 24/64"

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.

H. C. App
(Signature)

District Superintendent
(Title)

March 5, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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