



Natural Gas Pipeline Company of America

Internal Correspondence

Date: 8-19-85

NOV 17 1985

RECEIVED
N. G. P. L. Co.

Subject: First ~~of~~ ~~Final~~ Delivery
at NGPL Facility
To: Chart Processing Dept.

ARTESIA OFFICE From: R. D. Johnstone

SEP 3 1985

19422
NGPL Meter Number

CONTRACT SERVICES
HOUSTON

The following measurement change has taken place on NGPL's system:

Facility Name Northwestern Shores "XR" Fed. #1

Producer/Customer Name Basic Energy, Inc Yates Pet. Corp.

Measurement Location S. 12 36 T. 19 S. R. 26 E

Sec. 12 36 T. 19 S R. 26 E County Eddy

Work Order No. 1637-3199

Date of Change August 19, 1985

Route Code 2103

State New Mexico

Contract Date 4-10-85

Time of Change 9:50 am MDST

Function ☐ Check ☐ Fuel ☐ Storage Well ☒ Purchase
☐ Ex. Del. ☐ Market Storage ☐ Misc. ☐ Proration
☐ Ex. Rec. ☐ Field Storage ☐ Production ☐ Sales

Orifice Meter Data (or Computer Data)	Positive Meter Data
Run Size <u>4.026"</u>	Pressure Range _____
Plate Size <u>1.750"</u>	Temperature Range _____
Differential Range <u>0-50"</u>	Clock Driven PVTT
Pressure Range <u>0-1200 PSIG</u>	Rotation Time _____
Taps Pipe _____ Flange <u>X</u>	Volume Arm _____
Pressure Connection Up _____ Down <u>X</u>	Volume Driven PVTT
Temperature Range <u>0-150°F</u>	Chart Equivalent _____
Clock Rotation <u>24-hr</u>	Calibration Factor _____
Contract Atmos. Pressure. <u>13.1</u>	
Elevation <u>3400'</u>	
Latitude <u>32° 39'</u>	
Meter Type Mercury _____ Dry Flow <u>X</u>	

Gas Quality Sample to be: ☐ Daily Recording ☒ Spot Test ☐ Continuous Sample
Gas Quality Sample Tested at: ☐ Chromatograph ☒ Calorimeter ☐ Gravimeter ☐ Lab
Btu Pressure Base ☐ 30" Hg Sat. ☒ 14.73 Sat. ☐ 14.65 Dry ☐ Other _____

Btu to be Sampled	Specific Gravity to be Sampled	Inerts to be Sampled
<input type="checkbox"/> daily <input type="checkbox"/> quarterly	<input type="checkbox"/> daily <input type="checkbox"/> quarterly	<input type="checkbox"/> daily <input type="checkbox"/> quarterly
<input type="checkbox"/> weekly <input type="checkbox"/> semi-annually	<input type="checkbox"/> weekly <input type="checkbox"/> semi-annually	<input type="checkbox"/> weekly <input checked="" type="checkbox"/> semi-annually
<input checked="" type="checkbox"/> monthly <input type="checkbox"/> annually	<input checked="" type="checkbox"/> monthly <input type="checkbox"/> annually	<input type="checkbox"/> monthly <input type="checkbox"/> annually

Initial Gas Quality Test: Btu _____ Gravity _____ CO₂ _____ N₂ _____

Initial Flow Rate 780 MCF/Day

Remarks: _____