

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool South Blanco Formation Pictured Cliffs County Rio Arriba
Initial X Annual _____ Special _____ Date of Test 8-23-65
Company Continental Oil Company Lease AXI Apache "H" Well No. 6
Unit P Sec. 1 Twp. 25N Rge. 4W Purchaser Southern Union Gas Company
Casing 4-1/2 Wt. 10.5 I.D. 4.090 Set at 3975' Perf. 3840' To 3882'
Tubing 2-3/8" Wt. 4.7 I.D. 1.995 Set at 3876' Perf. None To _____
Gas Pay: From 3840 To 3882' L 3876' xG 0.670 -GL 2597 Bar.Press. 12
Producing Thru: Casing X Tubing _____ Type Well Single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 8-12-65 Packer None Reservoir Temp. _____

OBSERVED DATA

Tested Through (Prover) (90000) (XXXXX) Type Taps --

No.	Flow Data					Tubing Data		Casing Data		Duration of Flow Hr. <i>11-days</i>
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI						993		993		3/264 hrs.
1.	2"	3/16"	943		60	946		943	60°	1 hr.
2.	2"	5/16"	793		60	812		793	60°	1 hr.
3.	2"	7/16"	592		60	614		592	60°	1 hr.
4.	2"	5/8"	320		62	368		320	62°	1 hr.
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w P_f}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	7851		955	1.000	0.9463	1.110	788
2.	2.1577		805	1.000	0.9463	1.093	1796
3.	4.3997		604	1.000	0.9463	1.080	2706
4.	8.3555		332	0.9981	0.9463	1.036	2715
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
P_c P_w Measured (1-e^{-S})

Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid .670
P_c 1005 P_c 1.010,025

No.	P _w <u>P_w Measured</u>	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.	958					917,764	92,261	95.3	
2.	824					678,976	331,049	82.0	
3.	626					391,876	618,149	62.3	
4.	380					144,400	865,625	37.8	
5.									

Absolute Potential: 3700 MCFPD; n .66

COMPANY Continental Oil Company
ADDRESS P. O. Box 1621, Durango, Colorado
AGENT and TITLE E. B. Erratt, Test Engineer
WITNESSED Fred Vass, Master
COMPANY _____

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} = Supercompressibility 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 .

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR Continental Oil Company							
3. ADDRESS OF OPERATOR P. O. Box 1621, Durango, Colorado							
4. LOCATION OF WELL (Report location clearly and in accordance with an State requirement) At surface 990' FSL, 990' FEL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
7-28-65		8-1-65		8-12-65		7281' GR, 7291' DF	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
3975'		3914'				0-3975'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*							25. WAS DIRECTIONAL SURVEY MADE
3837'-3882' Pictured Cliffs							No
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, Correlation							27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		211'		12 1/4"	
4 1/2"		10.5#		3975'		7 7/8"	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SIZE	
						2 3/8"	
						3876'	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
3876-82' and 3840-46' 2 jets/foot (3 1/8" super dynajets)				DEPTH INTERVAL (MD)			
				3840-3882'			
				AMOUNT AND KIND OF MATERIAL USED			
				35,000# sd, 33,510 gals. water & 200# "ADOMITE AQUA" additive			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)
8-11-65		Flowing					SI Awaiting Connection
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-12-65	3	3/4"	→		775		
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
188#	345#	→		2324			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							TEST WITNESSED BY
Sold to Southern Union Gas Company							J. M. Galovich
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		ORIGINAL SIGNED BY		TITLE		DATE	
		BEN W. SMITH		Assistant District Manager		9-27-65	

*(See Instructions and Spaces for Additional Data on Reverse Side)

USGS(2) NMOCC(2) DRB JRM Humble HDM

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
				TOP	TRUE VERT. DEPTH
Pictured Cliffs	3837'	3884'	Sand and Shale, Dry Gas	Pictured Cliffs	3837'