

Initial
Deliverability Test

NEW MEXICO OIL CONSERVATION COMMISSION
GAS WELL TEST DATA SHEET - SAN JUAN BASIN

Pool BASIN Formation DAKOTA County RA
Well Name SJ 28-5 UNIT #61 73511
Unit H S 18 T 28 R 5 Pay Zone 7800 To 7988 Flow String TUBING
Casing O D 4.500 I D 4.052 Set at 8025 Tubing O D 2.375 I D 1.995 L 7965 Top Perf.
Operator EL PASO NATURAL GAS CO Purchasing Pipeline EL PASO NATURAL GAS COMPANY

Pd: % Of P_c 50 Comm. Designated P_c, psia _____ Period Of Test Flow From 03-05-66 To 03-13-66 SIP Measured 06-21-65

Deadweight Flowing Pressure, psia
Casing _____ (a) Tubing _____ (b) Meter _____ (c) Chart _____ (d)

Deadweight Shut-In Pressures, psia
Casing 1289 (j) Tubing 1293 (k) Meter Error 0006 (e) Friction Loss 0 (f)

7 Day-Avg. Flowing Pres., psia
Chart 526 (g) Corrected 526 (h) P_f 526 (i) Gravity .601

G. L. = 4787 1-e^{-s} = .294 F_c 9.402 (F_cQ)² 13.587

(1-e^{-s}) (F_cQ)² = R² = 3995 P₁² = 276676 P₂² = 280671

$$Q = \frac{392}{(\text{integrated})} \times \left[\sqrt{\frac{(c)}{(d)}} = \frac{1.0000}{1.0000} \right] = 392$$

$$D=Q \frac{392}{\left[\frac{(P_2^2 - P_d^2)}{(P_1^2 - P_2^2)} \right]^n} = \frac{1253240}{1391178} = \frac{(.9008)^n}{.9246} = 362$$

REMARKS

Installed Intermittent - 2-10-66.



SUMMARY

P_c = 1293
Q = 392
P_w = 530
P_d = 647
D = 362

Company EL PASO NATURAL GAS CO
By H.L. Kendrick
Title AREA GAS WELL TEST ENGINEER
Witnessed By _____
Company _____

66096

1949

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Meridian Oil Inc. is Operator
 Recombination Oil Dry Gas for El Paso Production Company
 Change in ~~Ownership~~ Operatorship Casinhead Gas Condensate

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 61	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079250
Location				
Unit Letter H	1650	Feet From The North	Line and 990	Feet From The East
Line of Section 18	Township 28N	Range 5W	NMPM,	Rio Arriba 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.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinhead 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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	H 18 28N 5W <input type="checkbox"/> _____

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.


(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV - 1 1986, 19 _____

BY 

TITLE SUPERVISION 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 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.

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O. Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-039-7427	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 71599
⁷ Property Code 007460	⁸ Property Name SAN JUAN 28-5 UNIT	⁹ Well Number #61

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
H	18	028N	005W		1650	N	990	E	RIO ARRIBA

¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County	
¹² Lse Code		¹³ Producing Method Code		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
7057	EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978		G	H-18-T028N-R005W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTB	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules 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: *Dolores Diaz*

Printed Name:
Dolores Diaz
Title:
Production Associate

Date:
7/11/96
Phone:
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Signature:	Printed Name	Title	Date
<i>Dolores Diaz</i>	Dolores Diaz	Production Associate	7/11/96