

Deliverable

NEW MEXICO OIL CONSERVATION COMMISSION WELL DELIVERABILITY TEST REPORT FOR 19 71

Form C122-A
Revised 1-1-68

POOL NAME Basin	POOL SLOPE n = .75	FORMATION DK	COUNTY RA
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87-265

COMPANY El Paso Natural Gas Company			WELL NAME AND NUMBER San Juan 28-6 Unit No. 156		
UNIT LETTER K	SECTION 29	TOWNSHIP 28	RANGE 6	PURCHASING PIPELINE EPNG	
CASING O.D. - INCHES 4.500	CASING I.D. - INCHES 4.052	SET AT DEPTH - FEET 7782	TUBING O.D. - INCHES 1.900	TUBING I.D. - INCHES 1.610	TOP - TUBING PERF. - FEET 7729
GAS PAY ZONE FROM 7496 TO 7740		WELL PRODUCING THRU CASING TUBING XX		GAS GRAVITY .631	GRAVITY X LENGTH 4877
DATE OF FLOW TEST FROM 8-7-71 TO 8-15-71			DATE SHUT-IN PRESSURE MEASURED 5-26-71		

PRESSURE DATA - ALL PRESSURES IN PSIA

(a) Flowing Casing Pressure (DWt) ---	(b) Flowing Tubing Pressure (DWt) ---	(c) Flowing Meter Pressure (DWt) ---	(d) Flow Chart Static Reading ---	(e) Meter Error (Item c - Item d) 0	(f) Friction Loss (a-c) or (b-c) 0	(g) Average Meter Pressure (Integr.) 395
(h) Corrected Meter Pressure (g+e) 395	(i) Avg. Wellhead Press. $P_t = (h + f)$ 395	(j) Shut-in Casing Pressure (DWt) 2705	(k) Shut-in Tubing Pressure (DWt) 2659	(l) P_c = higher value of (j) or (k) 2705	(m) Del. Pressure $P_d = 50\% P_c$ 1353	(n) Separator or Dehydrator Pr. (DWt) for critical flow only

FLOW RATE CORRECTION (METER ERROR)

Integrated Volume - MCF/D 785	Quotient of $\frac{\text{Item c}}{\text{Item d}}$ 1.0000	$\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ 1.0000	Corrected Volume Q = 785 MCF/D
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WORKING PRESSURE CALCULATION

$(1 - e^{-s})$.299	$(F_c Q_m)^2 (1000)$ 166955	$R^2 = (1 - e^{-s}) (F_c Q_m)^2 (1000)$ 49919	P_t^2 156025	$P_w^2 = P_t^2 + R^2$ 205944	$P_w = \sqrt{P_w^2}$ 454
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DELIVERABILITY CALCULATION

$D = Q \left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n =$	785	$\left[\frac{5486416}{7111081} \right]^n =$	$.7715^n =$	$.8232$	$= 646$ MCF/D
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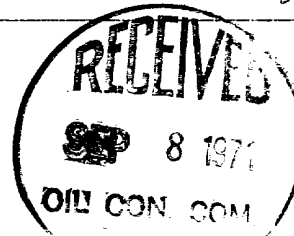
REMARKS:

New well, 1st del. 7-23-71.

SUMMARY

Item h 395 Psia
P_c 2705 Psia
Q 785 MCF/D
P_w 454 Psia
P_d 1353 Psia
D 646 MCF/D

Company _____
By H. E. McNally
Title _____
Witnessed By _____
Company _____



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
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REGISTRATION OFFICE	

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

Form C-104
Revised 10-01-78
Formal 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter oil ☐ Oil ☐ Condensate Gas ☒ Dry Gas ☒ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 156	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. SF 079050
Location Unit Letter K : 1490 Feet From The South Line and 1840 Feet From The West Line of Section 29 Township 28N Range 6W NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 1599, Aztec, New Mexico 87410
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒	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
	K 29 28N 6W

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.

Peggy Quast
(Signature)
Drilling Clerk
(Title)
5-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Gandy* **JUN 11 1986**
BY _____
TITLE _____ SUPERVISOR 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.