

NEW MEXICO OIL CONSERVATION COMMISSION
INITIAL POTENTIAL TEST-DATA SHEET

FORM C-122-3

This form must be used for reporting all pitot tube tests made in the State. It is particularly important that it be used for reporting Initial Potential Tests in the San Juan Basin as prescribed by Order No. R-203 and by the New Mexico Oil Conservation Commission Manual of Tables and Procedure for Initial Potential (Pitot Tube) Tests.

POOL Fulcher Kutz FORMATION Pictured Cliff
COUNTY San Juan DATE WELL TESTED March 8, 1955

OPERATOR McMillan-White LEASE Kneuff WELL NO. 1
1/4 SECTION: NE UNIT LETTER A SEC. 13 TWP. 27N RGE. 10W
CASING: 5 1/2 " O.D. SET AT 2035 TUBING .1 " WT. 1.68# SET AT 2060
PAY ZONE: FROM 2035 TO 2069 GAS GRAVITY: 10.85 EST.
TESTED THROUGH: CASING X TUBING
TEST HIPPLES 2" I.D. TYPE OF GAUGE USED ☐ (Spring) ☒ (Manometer)

OBSERVED DATA

SHUT IN PRESSURE: CASING 579 psig TUBING: 579 psig S. I. PERIOD 25 days
TIME WELL OPENED: 1:00 P.M. TIME WELL GAUGED: 4:00 P.M.

IMPACT PRESSURE: 7.8" Hg. Working Pressure on Tubing 24#
VOLUME (Table I) (a)
MULTIPLIER FOR PIP. OF CASING (Table II) (b)
MULTIPLIER FOR FLOWLINE TEMP. (Table III) (c)
MULTIPLIER FOR SP. GRAVITY (Table IV) (d)
AVE. D. CORRECT. PRESSURE AT WELLSHEAD (Table V)
MULTIPLIER FOR BAROMETRIC PRESSURE (Table VI) (e)
INITIAL POTENTIAL, 100/24 Hrs. (a) x (b) x (c) x (d) x (e) = 1,215 MCF

WITNESSED BY: E. L. Crampton TESTED BY: H. L. Kendrick
COMPANY: Totah Drilling Company COMPANY: El Paso Natural Gas Company
TITLE: Agent TITLE: Gas Engineer

cc: Totah Drilling Company (2)

INFORMATION COMMISSION

1. Name of the person or organization making the request: _____

2. Address of the person or organization making the request: _____

3. Telephone number of the person or organization making the request: _____

4. Date of the request: _____

5. Subject of the request: _____

6. Description of the information requested: _____

7. Purpose of the request: _____

8. Signature of the person or organization making the request: _____

9. Date of the request: _____

10. Name of the person or organization receiving the request: _____

11. Address of the person or organization receiving the request: _____

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