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} = Supercompressability 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.

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122
Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Basin Dakota Formation Dakota County San Juan

Initial X Annual ____ Special ____ Date of Test 1-22-65

Company PAN AMERICAN PETROLEUM CORP. Lease Richardson Gas Unit "B" Well No. 1

Unit A Sec. 11 Twp. 27N Rge. 13W Purchaser ____

Casing 4-1/2 Wt. 10.5 I.D. 4.052 Set at 6111 Perf. 5918-24 5942-50 To 6000-12 6030-42

Tubing 2-3/8 Wt. 4.7 I.D. 1.995 Set at 5920 Perf. 5883 To 5889

Gas Pay: From 5916 To 6042 L ____ xG .700 -GL ____ Bar.Press. 12

Producing Thru: Casing ____ Tubing X Type Well Single

Date of Completion: 1-13-65 Packer None Single-Bradenhead-G. G. or G.O. Dual Reservoir Temp. ____

OBSERVED DATA

Tested Through ~~(Prover)~~ (Choke) ~~(Meter)~~ Type Taps ____

No.	Flow Data: ~~(Prover)~~ (Line) Size	Flow Data: ~~(Choke)~~ (Orifice) Size	Flow Data: Press. psig	Flow Data: Diff. h_w	Flow Data: Temp. °F.	Tubing Data: Press. psig	Tubing Data: Temp. °F.	Casing Data: Press. psig	Casing Data: Temp. °F.	Duration of Flow Hr.
SI	9 Days					1762		1866		
1.	2 inch	.750	477			477	60° est.	864		
2.										
3.										
4.										
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.	12.3650		489	1.000	.9250	1.062	5944
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio ____ cf/bbl.
Gravity of Liquid Hydrocarbons ____ deg.
F_c ____ $(1-e^{-s})$ ____

Specific Gravity Separator Gas ____
Specific Gravity Flowing Fluid ____
P_c 1078 P_c^2 1,526,884

No.	P_w / P_t (psia)	P_t^2	F_cQ	$(F_cQ)^2$	$\frac{(F_cQ)^2}{(1-e^{-s})}$	P_w^2	$P_c^2-P_w^2$	Cal. P_w	$\frac{P_w}{P_c}$
1.						767	508		
2.									

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
AMOCO PRODUCTION COMPANY	300450674200

Address: P.O. BOX 800, DENVER, COLORADO 80201

Reason(s) for Filing *(Check proper box)*

- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [X]
- Other *(Please explain)* [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
RICHARDSON GAS COM B	1	BASIN DAKOTA (PRORATED GAS)		

Location
Unit Letter A : 890 Feet From The FNL Line and 890 Feet From The FEL Line
Section 11 Township 27N Range 13W , NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be sent)*
~~MERIDIAN OIL INC.~~	~~3535 EAST 30TH STREET, FARMINGTON, CO 87401~~
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address *(Give address to which approved copy of this form is to be sent)*
~~EL PASO NATURAL GAS COMPANY~~	~~P.O. BOX 1492, EL PASO, TX 79978~~

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*
Length of Test	Tubing Pressure	Casing Pressure / Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. / Gas - MCF

RECEIVED
JUL 2 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

D. W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name / Title
June 25, 1990 / 303-830-4280
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990

By _____

SUPERVISOR DISTRICT # 3

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.