

NEW MEXICO OIL CONSERVATION COMMISSION

Pool BASIN Formation DAKOTA County SJ

Well Name BURROUGHS COM C #5 75483

Unit G S 2 T 27 R 9 Pay Zone 6750 To 6880 Flow String TUBING

Casing O D 4.500 I D 4.052 Set at 6940 Tubing O D 2.375 I D 1.995 L 6864 Top Perf.

Operator EL PASO NATURAL GAS CO Purchasing Pipeline EL PASO NATURAL GAS COMPANY

Pd: % Of P _c	Comm. Designated P _c , psia	Period Of Test Flow		SIP Measured
50		From 02-03-67	To 02-11-67	10-27-66

Deadweight Flowing Pressure, psia Flowing Pressure, psia

Casing _____(a) Tubing _____(b) Meter _____(c) Chart _____(d)

Deadweight Shut-In Pressures, psia	Meter Error	Friction Loss
100	0.5	0.5
200	0.5	0.5
300	0.5	0.5
400	0.5	0.5
500	0.5	0.5
600	0.5	0.5
700	0.5	0.5
800	0.5	0.5
900	0.5	0.5
1000	0.5	0.5
1100	0.5	0.5
1200	0.5	0.5
1300	0.5	0.5
1400	0.5	0.5
1500	0.5	0.5
1600	0.5	0.5
1700	0.5	0.5
1800	0.5	0.5
1900	0.5	0.5
2000	0.5	0.5
2100	0.5	0.5
2200	0.5	0.5
2300	0.5	0.5
2400	0.5	0.5
2500	0.5	0.5
2600	0.5	0.5
2700	0.5	0.5
2800	0.5	0.5
2900	0.5	0.5
3000	0.5	0.5
3100	0.5	0.5
3200	0.5	0.5
3300	0.5	0.5
3400	0.5	0.5
3500	0.5	0.5
3600	0.5	0.5
3700	0.5	0.5
3800	0.5	0.5
3900	0.5	0.5
4000	0.5	0.5
4100	0.5	0.5
4200	0.5	0.5
4300	0.5	0.5
4400	0.5	0.5
4500	0.5	0.5
4600	0.5	0.5
4700	0.5	0.5
4800	0.5	0.5
4900	0.5	0.5
5000	0.5	0.5
5100	0.5	0.5
5200	0.5	0.5
5300	0.5	0.5
5400	0.5	0.5
5500	0.5	0.5
5600	0.5	0.5
5700	0.5	0.5
5800	0.5	0.5
5900	0.5	0.5
6000	0.5	0.5
6100	0.5	0.5
6200	0.5	0.5
6300	0.5	0.5
6400	0.5	0.5
6500	0.5	0.5
6600	0.5	0.5
6700	0.5	0.5
6800	0.5	0.5
6900	0.5	0.5
7000	0.5	0.5
7100	0.5	0.5
7200	0.5	0.5
7300	0.5	0.5
7400	0.5	0.5
7500	0.5	0.5
7600	0.5	0.5
7700	0.5	0.5
7800	0.5	0.5
7900	0.5	0.5
8000	0.5	0.5
8100	0.5	0.5
8200	0.5	0.5
8300	0.5	0.5
8400	0.5	0.5
8500	0.5	0.5
8600	0.5	0.5
8700	0.5	0.5
8800	0.5	0.5
8900	0.5	0.5
9000	0.5	0.5
9100	0.5	0.5
9200	0.5	0.5
9300	0.5	0.5
9400	0.5	0.5
9500	0.5	0.5
9600	0.5	0.5
9700	0.5	0.5
9800	0.5	0.5
9900	0.5	0.5
10000	0.5	0.5

Casing 2123 (J) Tubing 2104 (k) 0000 (e) 0 (f) B

7 Day-Avg. Flowing Pres., psia

Chart 490 (g) Corrected 490 (h) P. 490 (i) Gravity .658 P.

$$G.L. = \frac{4517}{1 - e^{-s}} = \frac{.280}{F_c} \frac{9.402}{(F_c Q)^2} \frac{29.029}{R}$$
$$(1-e^{-5}) (F_c Q)^2 = R^2 = \frac{8126}{P_1^2} = \frac{240100}{P_2^2} = \frac{248226}{F}$$
$$Q = \frac{573}{(\text{integrated})} \times \left[\sqrt{\frac{(c)}{(d)} = \frac{1.0000}{1.0000}} \right] = \frac{573}{1.0000} = 573$$
$$D=Q \quad \frac{573}{\left(\frac{P_2^2 - P_3^2}{P_2^2 - P_w^2} \right)^n} = \left[\frac{3379285}{4258903} \right]^n = \frac{(0.7934)^n}{0.8407} = \frac{482}{1}$$

REMARKS

New Well First Delivered 1-18-67.



SUMMARY

$P_c = \underline{\quad 2123 \quad}$

Q = 373

$P_w = 458$

1062 /

D = 482 ✓

Company EL PASO NATURAL GAS CO 4

By [Signature]

Title AREA GAS WELL TEST ENGINEER

Witnessed By _____

Company _____

e7061						F
						75483 F
						466 F



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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

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)
☐ New Well
☐ Recombination
☒ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Gas
☒ Condensate
☐ Dry Gas
☒ Other (Please explain)
 Meridian Oil Inc. is Operator for El Paso Production Company

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 Burroughs Com C	Well No. 5	Pool Name, including Formation Basin Dakota	Kind of Lease (State) Federal or Fee	Lease No. E-1200-1
Location Unit Letter G : 1830 Feet From The North Line and 1730 Feet From The East Line of Section 2 Township 27N Range 9W NMPM, San Juan 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit G Sec. 2 Twp. 27N Rge. 9W	Is gas actually connected? When

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)
NOV 01 1986

OIL CON. DIV
DIST. 2

OIL CONSERVATION DIVISION
NOV 01 1986

APPROVED _____, 19 ____
BY Bill J. Shuf
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.