

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELLForm C-122
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 3-16-76	
Company Dugan Production Corp.				Connection	
Pool WAW				Formation Pictured Cliffs	
Completion Date 3-9-76		Total Depth 1400'		Plug Back TD 1376'	
Elevation 6136'		Farm or Lease Name Ojo-He-He			
Csg. Size 2-7/8"	Wt. 6.5#	Set At 1400'	Perforations: From 1338' To 1350'		Well No. 7
Tbg. Size 1-1/4"	Wt. 2.4#	Set At 1358'	Perforations: From Open To Ended		Unit Sec. Twp. Rge. G 33 27N 13W
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single - Gas				Packer Set At	
Producing Thru Tbg				Baro. Press. - P _a	
Reservoir Temp. °F @				State New Mexico	
L	H	G _g .62	% CO ₂	% N ₂	% H ₂ S
Prover		Meter Run		Taps	

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI							170		230		7 days
1.											
2.											
3.	5/8" Pos Choke						3	50°	20		3 hrs
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
1							
2							
3	8.5417		15	1.010	.9837	1.000	127
4							
5							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P _c 242 P _c ² 58,564				
NO.	P _t ²	P _w	P _w ²	P _c ² - P _w ²
1				
2				
3		32	1024	57,540
4				
5				

$$(1) \frac{P_c^2}{P_c^2 - P_w^2} = \frac{1.017}{1.0014}$$

$$(2) \left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.0014$$

$$AOF = Q \left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 127$$

Absolute Open Flow 127 Mcfd @ 15.025		Angle of Slope θ _____	Slope, n .85
Remarks: _____			

Approved By Commission:	Conducted By: Charles Hall	Calculated By: Charles Hall	Checked By: Thomas A. Dugan
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LTR

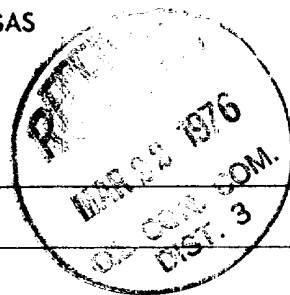


Job separation sheet

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator Dugan Production Corp.	
Address Box 234, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ojo-He-He	Well No. 7	Pool Name, Including Formation WAW - Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0553184
Location Unit Letter <u>G</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead 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)	
Dugan Production Corp.	Box 234, Farmington, NM 87401	
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: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-21-76	Date Compl. Ready to Prod. 3-16-76	Total Depth 1400'	P.B.T.D. 1376'					
Elevations (DF, RKB, RT, GR, etc.) 6136' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1338'	Tubing Depth 1358'					
Perforations 1338-1350' Pictured Cliffs			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
6-1/4"	5-1/2"	31'	5 SX					
4-3/4"	2-7/8"	1400'	75 SX					
	1-1/4"	1358'						

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 Tanks	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

GAS WELL

Actual Prod. Test-MCF/D 127 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure (Shut-in) 170	Casing Pressure (Shut-in) 230	Choke Size 5/8"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas A. Dugan
(Signature)
Engineer
(Title)
3-18-76
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 9 1976, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST #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.