STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-122
Revised 10-1-78

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test: [X] Initial [ ] Annual [ ] Special			Test Date: 5-31-85	Flac
Company: Amoco Production Co.		Connection: El Paso Natural Gas Co.		846401-01-6
Pool: Basin		Formation: Dakota		Unit
Completion Date: 4-29-85	Total Depth: 6293	Plug Back TD: 6283	Elevation: 5725 GR	Farm or Lease Name: Gallegos Canyon Unit
Csg. Size: 7.000 / Wt.: 23 / d: 6.366 / Set At: 6293		Perforations: From 6118 To 6252		Well No.: 135E
Tbg. Size: 2.375 / Wt.: 4.7 / d: 1.995 / Set At: 6256		Perforations: From open To ended		Unit: G / Sec.: 26 / Twp.: 29 / Rge.: 13
Type Well – Single – Bradenhead – G.G. or G.O. Multiple: Single		Packer Set At: None		County: San Juan
Producing Thru: Tubing	Reservoir Temp. °F: 0	Mean Annual Temp. °F	Baro. Press. – P_a	State: New Mexico
L	H	Gg	% CO_2	% N_2 / % H_2S / Prover / Meter Run / Taps

FLOW DATA

NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h_w	Temp. °F	TUBING DATA Press. p.s.i.g.	TUBING DATA Temp. °F	CASING DATA Press. p.s.i.g.	CASING DATA Temp. °F	Duration of Flow
SI	15 days						100		1331		
1.	2.375		.750				191		671		3 hrs.
2.											
3.											
4.											
5.											

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RATE OF FLOW CALCULATIONS

NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P_m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	12.365		203	1.000	.9258	1.025	2382
2.							
3.							
4.							
5.							

NO.	P_t	Temp. °R	T_r	Z
1.				
2.				
3.				
4.				
5				

Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
Specific Gravity Separator Gas _____ XXXXXXXXX
Specific Gravity Flowing Fluid XXXXX _____
Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
Critical Temperature _____ R _____ R

P_c 1343 P_c^2 1803649

NO	P_t^2	P_w	P_w^2	$P_c^2 - P_w^2$
1		693	480249	1323400
2				
3				
4				
5				

(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.3629$

(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2}\right]^n = 1.2614$

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2}\right]^n = 3005$

Absolute Open Flow 3005 Mcfd @ 15.025 | Angle of Slope θ _____ | Slope, n .75

Remarks: Did not flare, Lite H_2O, Heavy condensate

Approved By Division	Conducted By:	Calculated By:	Checked By:
	Joe Elledge	J. J. Parnett	

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ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Co.

Address: 501 Airport Drive, Farmington, N M 87401

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Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Gallegos Canyon Unit	135E	Basin Dakota	Federal	SF 078926

Location

Unit Letter G : 1450 Feet From The North Line and 1850 Feet From The East

Line of Section 26 Township 29N 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)
Permian Corporation Permian (Eff. 9/1/87)	P. O. Box 1702 Farmington, NM 87499
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 990 Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	26	29N	13W	No	

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.

B D Shaw
(Signature)

Adm. Supervisor
(Title)

6/5/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1985

BY Original Signed by FRANK T. CHAVEZ

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.

IV. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/14/85	5/1/85	6293'	6247'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5725' GR	Dakota	6118'	6256'
Perforations			**Depth Casing Shoe**
6118' - 6158', 6210' - 6252'			6293'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-3/4"	9-5/8", 36#, K55	429'	325 cf
8-3/4"	7", 23# J55	6293'	2139 cf
	2-3/8"	6256'	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2832	3 hrs.		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back pressure	100 psig	1331 psig	.75"

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