

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Astec Formation Pictured Cliffs County San Juan

Initial X Annual _____ Special _____ Date of Test 4-9-56

Company Astec Oil & Gas Company Lease Granier Well No. 2-4

Unit F Sec. 34 Twp. 30-N Rge. 10-W Purchaser _____

Casing 5 1/2" Wt. 14# I.D. _____ Set at 2527' Perf. 2460 To 2507

Tubing 1" Wt. 1.7# I.D. _____ Set at 2439' Perf. 2468' To 2479

Gas Pay: From 2460 To 24 2507 L _____ xG _____ -GL _____ Bar.Press. _____

Producing Thru: Casing X Tubing _____ Type well Single - Gas

Date of Completion: 4-2-56 Packer None Single-Bradenead-G. G. or G.O. Dual Reservoir Temp. _____

OBSERVED DATA

Tested Through (20000) (Choke) (20000) 7 day shut-in Type Taps _____

No.	Flow Data				Tubing Data		Casing Data		Duration of Flow Hr.	
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig		Temp. °F.
1.		<u>3/4</u>				<u>676</u>	<u>60</u>	<u>676</u>	<u>60</u>	<u>3 hours</u>
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.							
2.	<u>12.365</u>		<u>71</u>	<u>1.0</u>	<u>0.961</u>	<u>1.009</u>	<u>852</u>
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas liquid Hydrocarbon Ratio _____ cf/bbl. Specific Gravity Separator Gas _____
 Gravity of Liquid Hydrocarbons _____ deg. Specific Gravity Flowing Fluid _____
 F_c _____ (1-e^{-S}) P_c _____

No.	$\frac{P_w}{P_t}$ (psia)	P _t ²	F _c Q	(F _c Q) ²	$\frac{(F_c Q)^2}{(1-e^{-S})}$	$\frac{P_t^2 - P_w^2}{P_c^2 - P_w^2}$	Cal. P _w	$\frac{P_w}{P_c}$
1.						<u>5.04</u>	<u>468.3</u>	
2.								
3.								
4.								
5.								

Absolute Potential: 859 MCFPD; n 0.85

COMPANY AZTEC OIL & GAS COMPANY

ADDRESS P O Box 786, Farmington, New Mexico

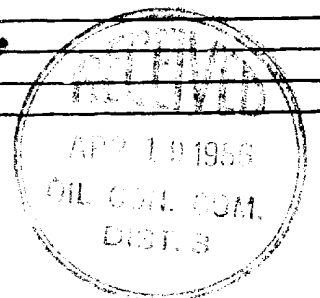
AGENT and TITLE ORIGINAL SIGNED BY BILL R. HASTINGS - Production Engineer

WITNESSED _____

COMPANY _____

REMARKS

Temperature estimate: 60 degrees F
 Gravity estimate: 0.65



OIL CONSERVATION COMMISSION
 ACTEC DISTRICT OFFICE

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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
Southland Royalty Company

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grenier A</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Aztec Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>SF 077282</u>	Lease No.
Location Unit Letter <u>F</u> <u>1700</u> Feet From The <u>North</u> Line and <u>1600</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>30N</u> Range <u>10W</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 checked="" type="checkbox"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sunterra Gas Gathering Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>34</u> Twp. <u>30N</u> Rng. <u>10W</u>	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]
(Signature)
Drilling Clerk
(Title)
May 15, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 22 1987, 19____
BY *[Signature]*
TITLE SUPERVISION DISTRICT # 8

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 deviate 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 multiplexed wells.

JUN 22 1987
OIL CON. DIV.
DIST. 2

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Southland Royalty Co</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1700'N, 1600'W Sec.34, T-30-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-077282</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Grenier A #2</p> <p>9. API Well No.</p> <p>10. Field and Pool Aztec Pictured Cliffs</p> <p>11. County and State San Juan County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plug and abandon this well in accordance with BLM requirements. A procedure to do this work will follow.

RECEIVED
 NOV 27 1991.
 OIL CON. DIV.
 DIST. 2

RECEIVED
 NOV 27 1991
 DIST. 2

14. I hereby certify that the foregoing is true and correct
 Signed [Signature] (GL) Title Regulatory Affairs Date 11-15-91

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 26 1991
 CONDITION OF APPROVAL, IF ANY: _____
 FARMINGTON RESOURCE AREA
 BY [Signature]