

3-OCC
1-H.L. Kendrick
1-B. Parrish
2-EPNG, El Paso, Farm.
1-International
1-ICA
1-Snoddy
1-F

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 4/8/64
Company Beta Development Co. Lease Dump Mesa Federal Well No. 1
Unit H Sec. 15 Twp. 30 N Rge. 11 W Purchaser El Paso Natural Gas Co.
Casing 4 1/2" Wt. 10.50 I.D. 4.052 Set at 6940' Perf. 6718' To 6922'
Tubing 2 3/8" Wt. 4.70 I.D. 1.995 Set at 6883' Perf. Open To End
Gas Pay: From 6718' To 6922' L _____ xG .67 -GL _____ Bar.Press. 12.0
Producing Thru: Casing _____ Tubing X Type Well Single - Gas
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 3/28/64 Packer _____ Reservoir Temp. _____

OBSERVED DATA

Tested Through (Prover) (Choke) (Meter) Type Taps _____

Flow Data						Tubing Data		Casing Data		Duration of Flow Hr.
No.	(Prover) (Line) Size	(Choke) (meter) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI						2384		2386		7 Days
1.		3/4	427		73	427	73	1547		3 Hr.
2.										
3.										
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_{wpf}}$	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		439	.9877	.9463	1.044	3.297
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

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

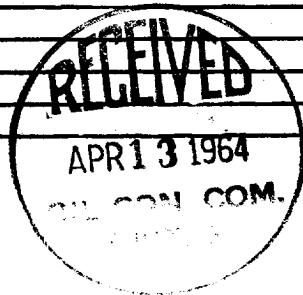
Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid _____
P_c 2398 P_c² 5750.4
P_w 1559 P_w² 2430.4

No.	P _w P _t (psia)	P _t ²	F _c Q	(F _c Q) ²	(F _c Q) ² (1-e ^{-s})	P _w ²	P _c ² -P _w ²	Cal. P _w	P _w / P _c
1.						2430.4	3320.0		.650
2.									
3.									
4.									
5.									

Absolute Potential: 7.998 MCFPD; n .75

COMPANY Beta Development Co.
ADDRESS 234 Petr. Club Plaza, Farmington, New Mexico
AGENT and TITLE George L. Hoffman, Production Engineer
WITNESSED H. McAnally
COMPANY El Paso Natural Gas Co.

REMARKS



NO. OF COPIES RECEIVED		5
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	GAS	
OPERATOR		2
PRORATION OFFICE		

5-000
1-TCA
1-F

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

INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

Operator Beta Development Co.		CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	
Address 234 Petr. Club Plaza, Farmington, N. M.			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input 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 checked="" type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dump Mesa Federal	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal & Fee
Location			
Unit Letter H ; 1745 Feet From The North Line and 1170 Feet From The East			
Line of Section 15 , Township 30N Range 11W , 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"/> Lamar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1528, Farmington, N. M.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15	Twp. 30N
			Rge. 11W
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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

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

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.

Original signed by:
JOHN T. HAMPTON

(Signature)

Manager

(Title)

March 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 1965**, 19

BY **Original Signed Emery C. Arnold**

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 Sections I, II, III, and VI only 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.



OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Company

238 Petroleum Plaza Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

DESCRIPTION OF WELL AND LEASE

Lease Name Dump Mesa Federal	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease Federal & Fee	Lease No. 1520-01
Location				
Unit Letter <u>H</u> : <u>1745</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead 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 990 Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15	Twp. 30N	Rge. 11W	Is gas actually connected? <input type="checkbox"/>	When

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

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, CR, 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

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)

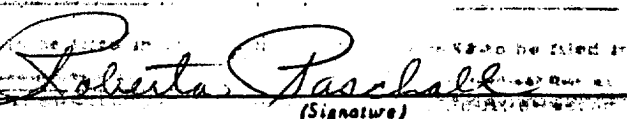
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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.


(Signature)

Production Manager

(Title)

March 23, 1982

(Date)

OIL CONSERVATION DIVISION

APR 2 1982

APPROVED

Original Signed by CHARLES GHOLSON

BY

OIL & GAS INSPECTOR, DIST. #3

TITLE

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