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: 1-26-81	
Company: El Paso Natural Gas Company			Connection: El Paso Natural Gas Company		
Pool: Aztec			Formation: Pictured Cliff		Unit
Completion Date: 1-15-81	Total Depth: 2335		Plug Back TD: 2325	Elevation: 5770 GR	Farm or Lease Name: Bruington
Csg. Size: 2.875 / Wt.: 6.4 / d: 2.441 / Set At: 2335			Perforations: From 2146 To 2171		Well No.: #1R
Tbg. Size: None / Wt. / d / Set At			Perforations: From To		Unit: I / Sec.: 20 / Twp.: 30 / Rge.: 11
Type Well – Single – Bradenhead – G.G. or G.O. Multiple: Single			Packer Set At		County: San Juan
Producing Thru: Csg.	Reservoir Temp. °F	Mean Annual Temp. °F	Baro. Press. – P_a: 12		State: New Mexico

L	H	Gg	% CO_2	% N_2	% H_2S	Prover	Meter Run	Taps

	FLOW DATA				TUBING DATA		CASING DATA		
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	Duration of Flow
SI							295		11 Days
1.									
2.									
3.									
4.									
5.									

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							
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 _____ P_c^2 _____

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

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

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

Absolute Open Flow _____ Mcfd @ 15.025 Angle of Slope θ _____ Slope, n _____

Remarks: _____

Approved By Division	Conducted By:	Calculated By:	Checked By:
	Bobby Haire	H. E. McAnally	

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-70

OIL CONSERVATION DIVISION

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

- New Well [X]
- 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bruington	1R	Aztec Pictured Cliffs	State, Federal or Fee SF	078138

Location
Unit Letter I : 1520 Feet From The South Line and 1120 Feet From The East

Line of Section 20 Township 30 N Range 11W , NMPM, San Juan County

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)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401
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	Box 289, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	20	30N	11W		

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-24-80	1-26-81	2335'	2325'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5770' GL	Pictured Cliffs	2146'	Tubingless
Perforations			**Depth Casing Shoe**
2146,2150,2159,2163,2167,2171'W/1 SPZ.			2335'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	210'	106 cu. ft.
6 3/4"	2 7/8"	2335'	532 cu. ft.
	Tubingless Completion		

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**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**

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FEB 18 1981
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
970			
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
		295	

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.

D. G. Bruce
(Signature)

Drilling Clerk
(Title)

February 3, 1981

OIL CONSERVATION DIVISION

APPROVED FEB 19 1981, 19 ____

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.