

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

RECEIVED

Type Test ☒ Initial ☐ Annual ☐ Special		Test Date 7/6/89	
Company CARL A. SCHELLINGER		Connection PIPELINE	
Pool FOOT BRANCH		Formation PENN	
Completion Date 7/1/89		Total Depth 6452	
Plug Back TD 6208		Elevation 6595	
Casing Size 5.500		Well No. 6	
Weight 15.5		Set At 6595	
Perforations: From 6311 To 6337		Unit Sec. Twp. Rge. ISEC 5/9S/27E	
Thru Size 2.875		Weight 8.7	
Set At 6208		Perforations: From 0. To 0.	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple SINGLE GAS		Packer Set At 6208	
Producing Thru TUBING		Baro. Press. - P_b 13.2	
Reservoir Temp. °F 140 @ 6324		Mean Annual Temp. °F 60	
L 6324		H 6324	
Cg .811		% CO ₂ 21.00	
% N ₂ 1.12		% H ₂ S .00	
Prover .0		Meter Run 2.1	
Taps FLANGE		County CHAVES	
State N. M.		Farm or Lease Name CAMPBELL STATION UT.	

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							1860	62			72.0
1.	2.09 X 1.375			170	13	57	1745	61	PKR		1.0
2.	2.09 X 1.375			175	24	55	1605	61	PKR		1.0
3.	2.09 X 1.375			185	38	54	1420	61	PKR		1.0
4.	2.09 X 1.375			185	42	59	1200	61	PKR		1.0
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 _{sp}	Rate of Flow Q, Mcfd
1	10.16	48.80	183.2	1.0029	1.1104	1.0185	562
2	10.16	67.21	188.2	1.0048	1.1104	1.0193	776
3	10.16	86.78	198.2	1.0058	1.1104	1.0205	1005
4	10.16	91.24	198.2	1.0010	1.1104	1.0198	1050
5							

NO.	P _t	Temp. °R	T _t	Z	Gas Liquid Hydrocarbon Ratio	A.P.I. Gravity of Liquid Hydrocarbons	Specific Gravity Separator Gas	Specific Gravity Flowing Fluid	Critical Pressure	Critical Temperature
1	.24	517	1.34	.964	.0	.0	.811	X X X X X X X X	752.	386.
2	.25	515	1.33	.962				X X X X X		
3	.26	514	1.33	.960						
4	.26	519	1.34	.961						
5										

NO.	P _t ²	P _w ²	P _w ² - P _t ²	(1) $\frac{P_c^2}{P_c^2 - P_w^2} =$	(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$
1	3091	1759	3096	1.7341	1.3169
2	2619	1620	2626		
3	2054	1437	2065		
4	1472	1219	1485		
5					

Absolute Open Flow		Angle of Slope	
1383.	Mcf/d @ 15.025	63.4	Slope, n .500

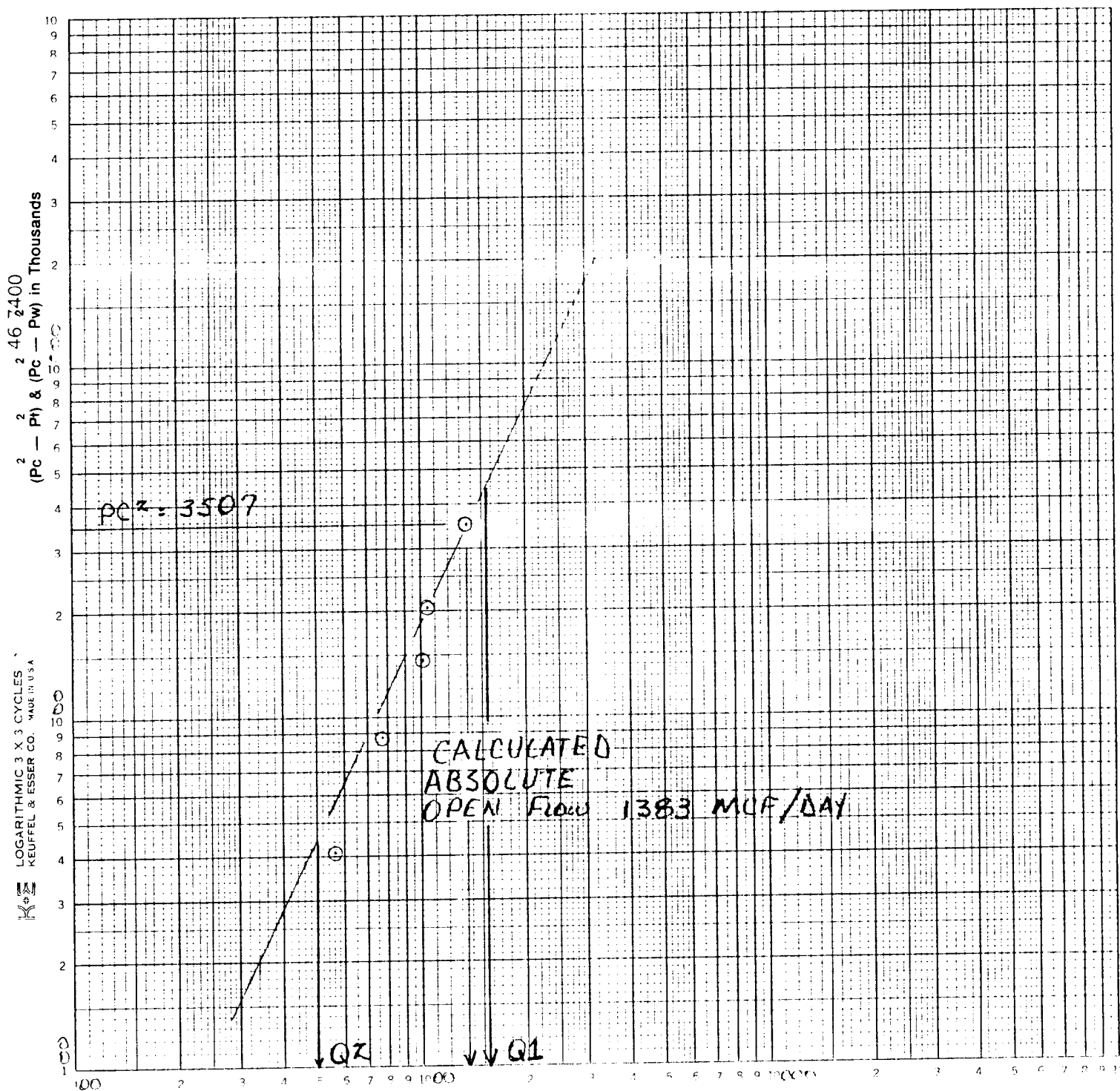
Remarks:	
CHOKE SIZE: 1ST RATE - 10/64 2ND RATE - 12/64 3RD RATE - 14/64 4TH RATE - 16/64	

Approved By Division	Conducted By:	Calculated By:	Checked By:
	BENNETT-CATHEY	MATT LEE	

BENNETT & CATHEY PRODUCTION TESTING BACK PRESSURE CUR

Operator CARL A. SCHELLINGER Lease CAMPBELL STATION Well No. #6
 County CHAVES Field _____ Location SEC. 5-9S-27E
 Date of Test 7/6/89 Slope "n" .500 Angle of Slope 63.4

Calc. Abs. Potential 1383 MCF/D



$$\overline{\Delta P}_1^2 \quad P_c^2 - P_w^2 = 4400$$

$$\overline{\Delta P}_2^2 \quad P_c^2 - P_w^2 = 440$$

$$Q_1 = 1581$$

$$Q_2 = 500$$

$Q, \text{ Mcfd}$

$$\text{LOG } Q_1 = 3.199$$

$$\text{LOG } Q_2 = 2.699$$

$$n = .500$$

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

JUL 11 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CARL A. SCHELLINGER	Well API No. 30-005-62680
Address P. O. Box 447, Roswell, NM 88202	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☒ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Campbell Station Unit	Well No. 6	Pool Name, Including Formation Palma Mesa Penn-South	Kind of Lease State, Perm ☒ Lease XXXXXXXXXX	Lease No. L-6276
Location Unit Letter <u>I</u> : 1980' Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>9 South</u> Range <u>27 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>5</u>	Twp. <u>9S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When? <u>7-6-89</u>

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

IV. 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 3-12-89	Date Compl. Ready to Prod. 7-6-89		Total Depth 6595'			P.B.T.D. 6440'		
Elevations (DF, RKB, RT, GR, etc.) 3877GR, 3888KB	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 6311'			Tubing Depth 6208'		
Perforations 6311-6337				Depth Casing Shoe 6595'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1390'	700 sx circ.
7 7/8"	5 1/2"	6595'	600 sx
	2 7/8"	6208'	

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 Tank	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 562	Length of Test 1hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1860#	Casing Pressure (Shut-in) Pkr.	Choke Size 10/64"

VI. OPERATOR 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 CARL A. SCHELLINGER
Printed Name CARL A. SCHELLINGER Title
Date 7-10-89 Telephone No. 623-2328

OIL CONSERVATION DIVISION

Date Approved AUG 21 1989

By ORIGINAL SIGNED BY
MANUEL L. JONES
Title SUPERVISOR DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.