

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
 Revised 9-1-67

Type Test ☒ Initial ☐ Annual ☐ Special						Test Date 10-28-76	
Company ELK OIL COMPANY				Location NONE			
Pool UNDERSIGNED				Formation MORROW		Dist N. E. Kernitz	
Completion Date 10-22-76		Total Length 13382		Flag Mark To 13345		Elevation 4101 GL.	
Casing Size 5 1/2		ID 17		Set At 4892		Perforations From 13108 To 13132	
Tub. Size 2-3/8		ID 4.7		Set At 1995		Perforations From To	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple SINGLE				Packer Set At 12800		County LEA	
Producing Thru TBG		Reservoir Temp. °F 170 @ TD		Mean Annual Temp. °F TBG		State NEW MEXICO	
L		H		Gg .695		% CO ₂ .4	
				% H ₂ .8		% H ₂ S 0	
				Frover		Meter Run 4"	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Frover 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							4440		PKR		60 min
1.	4		1.5	640	26	102	3920	64	"		"
2.	4		1.5	655	70	102	3660	65	"		"
3.	4		1.5	660	49	98	3400	65	"		"
4.	4		1.5	660	25	98	3070	65	"		"
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 Compression Factor, F _{sp}	Rate of Flow Q, Mcfd
1	11.7	130.47		.97	1.1995	1.04	1900
2	11.7	181.15		.97	1.1995	1.06	2600
3	11.7	217.32		.97	1.1995	1.08	3200
4	11.7	226.43		.97	1.1995	1.09	3700
5							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio	A.P.I. Gravity of Liquid Hydrocarbon	Specific Gravity Separator Gas	Specific Gravity Flowing Fluid	Critical Pressure	Critical Temperature
1	6.39	577.9	1.49	.919		49	.695		662	388
2	6.51	477.9	1.49	.891						
3	6.14	577.9	1.49	.855						
4	5.61	577.9	1.49	.840						
5										

NO.	P _r	P _w	P _w ²	P _r ² - P _w ²	(1) $\frac{P_r^2}{P_r^2 - P_w^2}$	(2) $\left[\frac{P_r^2}{P_r^2 - P_w^2} \right]^n$
1		5418	28350	14513		
2		5111	26122	17742		
3		4796	23055	20859		
4		4378	19133	24730		
5						

Absolute C _{en} Flow 7,000		Mcf/d @ 14.7 psia		Angle of Slope θ 70774	
Remarks:					

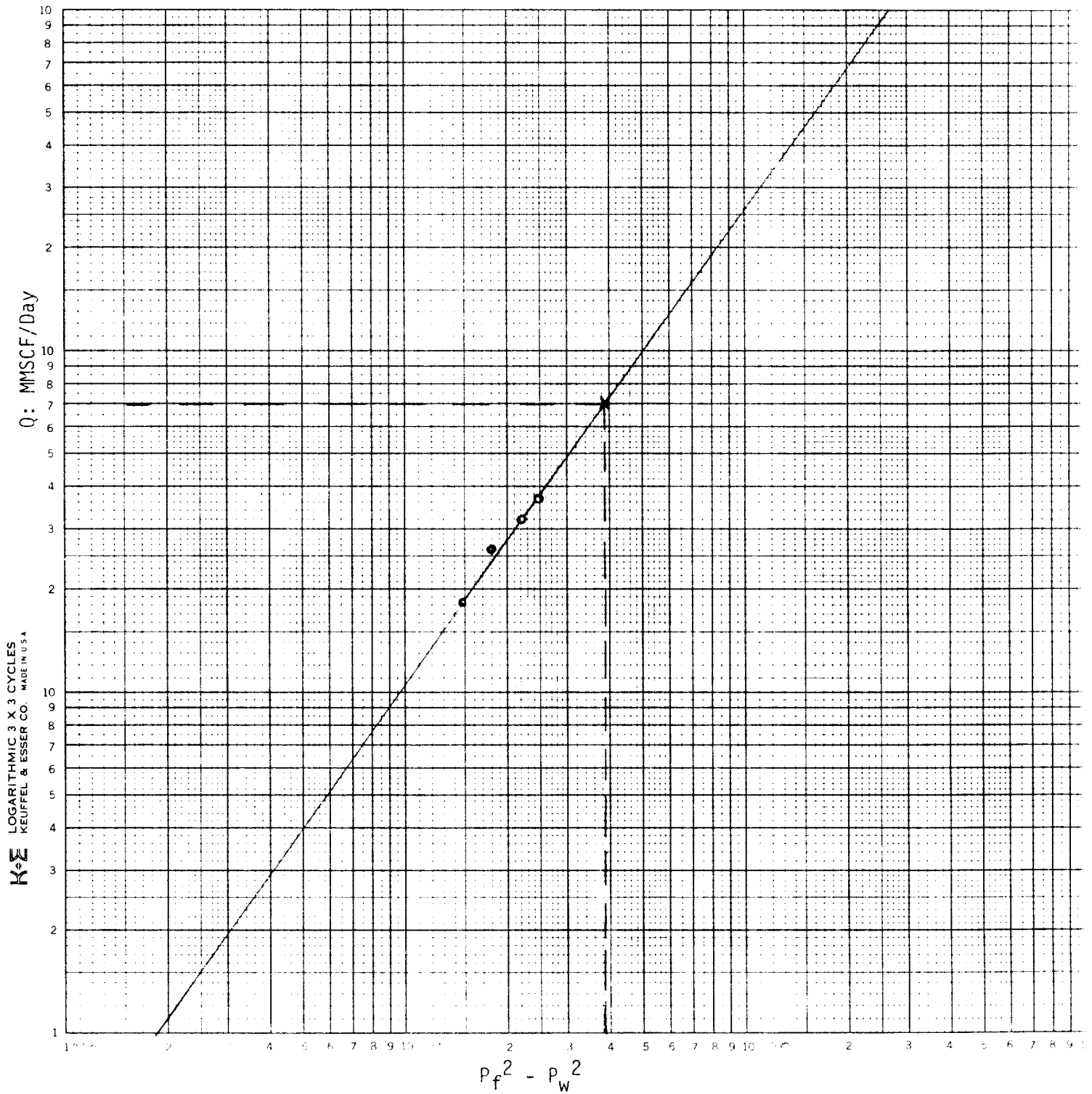
Approved by: <i>[Signature]</i>	Conducted By: <i>[Signature]</i>	Calculated By: <i>[Signature]</i>	Checked By: <i>[Signature]</i>
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OIL CONSERVATION COMM.
HOBBS, N. M.

Company: Elk Oil Company
 Well : M. E. Kemnitz #1
 Field : U. Designated
 County : Lea
 State : New Mexico
 Date : December 29, 1976



$$P_s^2 = 39,500$$

$$CAOF = 7 \text{ MMSCF/Day}$$

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OIL CONSERVATION COMM.
HOBBS, N. M.

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

I. Operator _____

Address _____

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Recent 30-day testing allowable

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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Location			State, Federal or Fee	
Unit Letter	Feet From The	Line and	Feet From The	
Line of Section	Township	Range	NMPM,	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☐	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	Sec.	Twp.	Rge.
				Is gas actually connected?
				When

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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					

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	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

(Signature)
President
December 22, 1970
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____

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 well in multiple.

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OIL CONSERVATION COMM.
HOBBES, N. W.