

TEST: INITIAL
 ANNUAL
 RETEST

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000

Form 1016
 Rev. 2017

BACK PRESSURE TEST FOR NATURAL GAS WELLS

OAC 165:10-17-6

DATE OF TEST:

DATE OF 1ST SALES :

Operator								Operator #			
Address						City		ST		ZIP	
E-mail				Ph		Fax		Well Name/#			
Gas Volume Reporter				Gas Volume Reporter #				API #			
Producing Zone								OTC Lease #			
Surface Location		1/4	1/4	1/4	1/4	Sec	Twp	Rge	(OCC use) Allowable #		
Zone Location (if different)		1/4	1/4	1/4	1/4	Sec	Twp	Rge	County		
Field								Spacing Size			

COMPLETION: Single Multiple Zone Commingled Recompletion Date of Completion _____

Total Depth			Plug Back Depth			Packer Set Depth			Elevation		
Csg Size			WT		d	Depth Set			Perfs.		
Tbg Size			WT		d	Depth Set			Perfs.		
Prod. Thru			Res. Temp. F @			Mean Grd. Temp. F			Atm. Press. PSIA		
L	H	G _g	%CO ₂		%N ₂	H ₂ S(ppm)		Prover	Meter Run		Taps

SHUT-IN DATA		FLOW DATA						TUBING DATA		CASING DATA		BHP DATA		FLOW (HRS)
PRESS	(HRS)	PROVER			DIFF			PRESS (PSIG)	TEMP (F)	PRESS (PSIG)	TEMP (F)	PRESS (PSIG)	TEMP (F)	
		LINE SIZE	X	ORIFICE SIZE	PRESS (PSIG)	(INCHES) (ROOTS)	TEMP (F)							

RATE OF FLOW CALCULATIONS

COEFFICIENT (24 HOUR)	$\sqrt{h_w P_m}$	PRESSURE P _m	FLOW TEMP. FACTOR F _t	GRAVITY FACTOR F _g	SUPER COMPRESS FACTOR F _{pv}	RATE OF FLOW (Q) MCFD

P _r	TEMP. R	T _r	Z

Gas/Liquid Hydrocarbon Ratio		MCF/BBL	
API Gravity of Liquid Hydrocarbons		Deg.	
Specific Gravity Separator Gas		Specific Gravity Flowing Fluid	
Critical Pressure	PSIA	Critical Pressure	PSIA
Critical Temperature	R	Critical Temperature	R

P_c _____ (PSIA) P_c² _____

P _w	P _w ²	P _c ² - P _w ²

[1] $\frac{P_c^2}{P_c^2 - P_w^2} = \frac{\quad}{\quad}$ (Not to exceed 5.263) [2] $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \quad$ WHAOF=Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \quad$

Calculated wellhead open flow	MCFD @ 14.65	Angle of Slope	Slope, n
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Remarks

Approved by Commission:	Conducted by:	Calculated by:	Checked by:
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WITNESSED - OCC FIELD STAFF: Y <input type="checkbox"/> N <input type="checkbox"/>	NAME:	DATE:
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(over)

IF THE ALLOWABLE FOR THIS WELL HAS BEEN ADJUSTED BY COMMISSION ORDER, PLEASE GIVE THE ORDER NUMBER(S) IN ONE OR MORE OF THE CATEGORIES BELOW:

INCREASED DENSITY _____ LOCATION EXCEPTION* _____

COMMINGLING _____ MULTIPLE ZONE _____

SEPARATE OR SPECIAL ALLOWABLE* _____

OTHER PENALTY ORDER(S)* _____

* FOR THESE ORDER TYPES, PLEASE DESCRIBE ALLOWABLES AND/OR PENALTIES:

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

COMPANY

DATE

PHONE NO.

Pc SHUT-IN PRESSURE, PSIA (LENGTH OF SHUT-IN MINIMUM OF 24 HOURS).

Pw STATIC COLUMN WELLHEAD PRESSURE CORRESPONDING TO THE FLOWING WELLHEAD PRESSURE, PSIA (TO BE RECORDED AT END OF EACH FLOW RATE.) THE VALUE OF Pw SHOULD NOT EXCEED 90% OF Pc.

Gg SPECIFIC GRAVITY OF SEPARATOR GAS (AIR = 1.000).

L LENGTH OF THE FLOW STRING FROM THE MIDDLE OF THE PRODUCING FORMATION TO THE PRESSURE POINT AT WELLHEAD, FEET.

H VERTICAL DEPTH CORRESPONDING TO L, FEET.

Q 24 HOUR RATE OF FLOW, MCF/D.

d INSIDE DIAMETER, INCHES.

R DEGREES, RANKINE (DEGREES FAHRENHEIT ABSOLUTE).

Pr REDUCED PRESSURE, DIMENSIONLESS.

Tr REDUCED TEMPERATURE, DIMENSIONLESS.

Z COMPRESSIBILITY FACTOR, DIMENSIONLESS.