

OGB - 10
INSTRUCTIONS

Read Carefully and Comply Fully

This report shall be submitted to the State Oil and Gas Board within fifteen (15) days after the tests have been completed.

Attach to this report a copy of all field data, calculations, and a plot of the back-pressure curve.

Use form OGB-10A for one-point back-pressure test report.

State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.

STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane

P.O. Box 869999

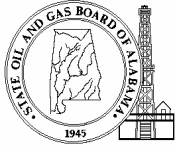
Tuscaloosa, Alabama 35486-6999

(205) 349-2852 Fax (205)349-2861

www.ogb.state.al.us

Permit number _____

5 / 00



Multipoint Back-Pressure Test Report for Gas Wells

(file in triplicate)

Type test		<input type="checkbox"/> Annual	<input type="checkbox"/> Special	Test date		Field		Pool		
Name of operator _____ Address _____										
Well name and number _____										
Completion date		Total depth		Elevation		County				
Csg. size	Wt.	d	Set at		Perforations: From		To			
Tbg. size	Wt.	d	Set at		Perforations: From		To			
Type completion (describe)				Packer set at		L		H		
Reservoir temp.		°F@		Mean annual temp.		°F		Baro. Press. P _a		
G _g	%CO ₂	%N ₂	%H ₂ S	Prover		Meter run		Taps		
Flow data					Tubing data		Casing data		Duration of flow hr.	
No	Prover line size	X	Choke orifice size	Press. psig	Diff. h _w	Temp. °F	Press. psig	Temp. °F		Press. psig
SI										
1.										
2.										
3.										
4.										
5.										
No	Coefficient (24-hour)	(h _w P _m) ^{1/2}	Pressure P _m	Flow temp. factor, F _t	Gravity Actor, F _g	Super compress. factor F _{pv}	Rate of flow Q. Mcfd			
1.										
2.										
3.										
4.										
5.										
No.	P _r	Temp. °R	T _r	z	Gas liquid hydrocarbon ratio _____ Mcf/bbl					
1.					API gravity of liquid hydrocarbons _____ deg.					
2.					Specific gravity separator gas _____ XXXXXXXXXXXXXXXXXXXX					
3.					Specific gravity flowing fluid _____ XXXXXXXXXXXXXXXXXXXX					
4.					Critical pressure _____ psia _____ psia					
5.					Critical temperature _____ °R _____ °R					
P _c _____		P _c ² _____		P _f _____		P _f ² _____				
No.	P _t	P _t ²	P _c ² - P _t ²	P _w	P _w ²	P _c ² - P _w ²	P _s	P _s ²	P _f ² - P _s ²	
1.										
2.										
3.										
4.										
5.										

AOF _____ Mcfd

n _____

θ _____

Has the allowable for this well been established by the State Oil and Gas Board? _____

If so, state order number _____ and allowable _____

TABLE OF NOMENCLATURE

- P_a - Field barometric pressure, psia.
- P_c - Shut-in pressure, psia (length of shut-in minimum of 24 hours).
- P_w - Static column wellhead pressure corresponding to the flowing wellhead pressure, psia (to be recorded at end of each flow rate).
- P_t - Flowing wellhead pressure, psia.
- P_m - Static pressure at point of gas measurement, psia.
- P_s - Flowing pressure at vertical depth H. psia.
- P_i - Shut-in pressure at vertical depth H. psia.
- G_g - Specific gravity of separator gas (air = 1.0).
- 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.
- h_w - Meter differential pressure, inches at water.
- Q - 24 hour rate of flow, Mcfd.
- d - Inside diameter, inches.
- $^{\circ}R$ - Degrees, Rankine (degrees Fahrenheit absolute).
- P_r - Reduced pressure, dimensionless.
- T_r - Reduced temperature, dimensionless.
- z - Compressibility factor, dimensionless.
- n - Exponent of back-pressure equation, dimensionless.
- θ - Angle of slope of back-pressure curve.

Remarks:

Executed this the _____ day of _____, 20 _____

Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL

My commission expires _____

Notary Public in and for _____
County, _____