# BACK PRESSURE TEST FOR NATURAL GAS WELLS

**OAC 165:10-17-6**

## DATE OF TEST: **DATE OF 1ST SALES:**

### Operator Information
- **Operator:**
- **Address:**
- **City:**
- **ST:**
- **ZIP:**
- **E-mail:**
- **Ph:**
- **Fax:**
- **Well Name/#:**
- **Gas Volumes to be Reported to OCC by:**
- **API #:**
- **Producing Zone:**
- **Surface Location:**
- **Twp:**
- **Rge:**
- **County:**
- **Zone Location (if different):**
- **Twp:**
- **Rge:**
- **Spacing Size:**
- **Field:**

### Completion Information
- **Completion:**
- **Single**
- **Multiple Zone**
- **Commingled**
- **Recompletion**
- **Date of Completion:**

### Test Information
- **Total Depth:**
- **Plbg Back Depth:**
- **Packer Set Depth:**
- **Elevation:**
- **Casing Size:**
- **WT:**
- **Depth Set:**
- **Perfs.:**
- **Tubing Size:**
- **WT:**
- **Depth Set:**
- **Perfs.:**
- **Prod. Thru:**
- **Res. Temp. F:**
- **@ Mean Grd. Temp. F:**
- **Atm. Press. PSIA:**
- **L:**
- **H:**
- **G_3:**
- **%CO_2:**
- **%N_2:**
- **H_2S(ppm):**
- **Prover:**
- **Meter Run:**
- **Taps:**

### Rate of Flow Calculations
- **Coefficient (24 Hour):**
- **Pressure:**
- **Flow Temp. Factor:**
- **Gravity Factor:**
- **Super Compress Factor:**
- **Rate of Flow (Q) MCFD:**

### Flow Data

<table>
<thead>
<tr>
<th>PRESS (HRS)</th>
<th>PROVER</th>
<th>ORIFICE SIZE</th>
<th>PRESS (PSIG)</th>
<th>TEMP (F)</th>
<th>PRESS (PSIG)</th>
<th>TEMP (F)</th>
<th>PRESS (PSIG)</th>
<th>TEMP (F)</th>
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<tbody>
<tr>
<td>LINE SIZE</td>
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</tbody>
</table>

### Flow Data Calculations

- **Flow Data:**
- **Flow Data (Q) MCFD:**
- **Angle of Slope:**
- **Slope, n:**

### Remarks
- **Remarks:**

### Supporting Information
- **Approved by Commission:**
- **Conducted by:**
- **Calculated by:**
- **Checked by:**

**WITNESSED - OCC FIELD STAFF:**

**NAME:**

**DATE:** (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.