



STATE OIL AND GAS BOARD OF ALABAMA

Multipoint Back-Pressure Test Report for Gas Wells

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Form OGB-10, Rev. 07/13  
(File in triplicate)

Permit Number

API Number

Initial

Annual

Special

Name of Operator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Well name and number						2. County					
3. Test date			4. Field (if wildcat, so state)						5. Pool		
6. Completion date				7. Total depth				8. Elevation			
9. Csg.:	size	Wt.	Dia.	Set at	Perfs: From _____ To _____						
10. Tbg.:	size	Wt.	Dia.	Set at	Perfs: From _____ To _____						
11. Type completion (describe)					12. Packer set at <span style="margin-left: 100px;">L</span> <span style="margin-left: 100px;">H</span>						
13. Reservoir temperature °F@				14. Mean annual temperature °F				15. Barometric Pressure (P <sub>a</sub> ) psia			

G <sub>g</sub>		%CO <sub>2</sub>	%N <sub>2</sub>		%H <sub>2</sub> S		Prover		Meter run		Taps	
Flow data						Tubing data			Casing data			Duration of flow hr.
No.	Prover line size in.	Choke orifice size in.	Pressure psig	Diff. (h <sub>w</sub> ) in.	Temperature °F	Pressure psig	Temperature °F	Pressure psig	Temperature °F			
SI		x										
1.		x										
2.		x										
3.		x										
4.		x										
5.		x										

No.	Coefficient (24-hour)	(h <sub>w</sub> P <sub>m</sub> ) <sup>1/2</sup>	Pressure P <sub>m</sub>	Flow temperature factor F <sub>t</sub>	Gravity factor F <sub>g</sub>	Super compress. factor, F <sub>pv</sub>	Rate of flow Q. Mcfd
1.							
2.							
3.							
4.							
5.							

No.	P <sub>r</sub>	°R	T <sub>r</sub>	z	Gas liquid hydrocarbon ratio _____ Mcf/bbl	
1.					API gravity of liquid hydrocarbons _____ deg.	
2.					Specific gravity separator gas (G <sub>g</sub> ) _____	Specific gravity flowing fluid _____
3.						
4.					Critical pressure _____ psia	Critical pressure _____ psia
5.					Critical temperature _____ °R	Critical temperature _____ °R

No.	P <sub>i</sub>	P <sub>t</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>t</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	P <sub>s</sub>	P <sub>s</sub> <sup>2</sup>	P <sub>i</sub> <sup>2</sup> - P <sub>s</sub> <sup>2</sup>
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<sub>a</sub> - Field barometric pressure, psia.
- P<sub>c</sub> - Shut-in wellhead pressure, psia (length of shut-in, minimum 24 hours).
- P<sub>w</sub> - Static column wellhead pressure corresponding to the flowing wellhead pressure, psia (to be recorded at end of each flow rate).
- P<sub>t</sub> - Flowing wellhead pressure, psia
- P<sub>m</sub> - Static pressure at point of gas measurement, psia.
- P<sub>s</sub> - Flowing pressure at vertical depth, H, psia.
- P<sub>f</sub> - Shut-in pressure at vertical depth, H, psia.
- G<sub>g</sub> - Specific gravity of separator gas (air = 1.0).
- L - Length of the flow string from the middle of the pool to the pressure point at wellhead, feet.
- H - Vertical depth corresponding to L, feet.
- h<sub>w</sub> - Meter differential pressure, inches of water.
- Q - 24 hour rate of flow, Mcfd (14.65 psia and 60°F).
- d - Inside diameter, inches.
- °R - Degrees, Rankine (absolute).
- P<sub>r</sub> - Reduced pressure, dimensionless.
- T<sub>r</sub> - 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

Notary Public in and for \_\_\_\_\_  
County, \_\_\_\_\_

My commission expires \_\_\_\_\_