OIL AND GAS CONSERVATION DIVISION
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2331
ogadmin@occ.ok.gov

OKLAHOMA Corporation Commission

Form 1016
Rev. 2020

BACK PRESSURE TEST FOR NATURAL GAS WELLS

TEST: ☐ INITIAL ☐ ANNUAL ☐ RETEST

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 Volumes to be Reported to **OCC** by:					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_2S(ppm)	Prover	Meter Run	Taps

SHUT-IN DATA		FLOW DATA						TUBING DATA		CASING DATA		BHP DATA		FLOW (HRS)
		PROVER			DIFF									
PRESS	(HRS)	LINE SIZE	X	ORIFICE SIZE	PRESS (PSIG)	(INCHES) (ROOTS)	TEMP (F)	PRESS (PSIG)	TEMP (F)	PRESS (PSIG)	TEMP (F)	PRESS (PSIG)	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_c^2 _____

P_w	P_w^2	$P_c^2 - P_w^2$

[1] $\frac{P_c^2}{P_c^2 - P_w^2}$ = _____ (Not to exceed 5.263)

[2] $\left(\frac{P_c^2}{P_c^2 - P_w^2}\right)^n$ = _____ WHAOF=Q $\left(\frac{P_c^2}{P_c^2 - P_w^2}\right)^n$ = _____

Calculated wellhead open flow	MCFD @ 14.65	Angle of Slope	Slope, n
Remarks			
Approved by Commission:	Conducted by:	Calculated by:	Checked by:
WITNESSED - OCC FIELD STAFF: Y ☐ N ☐	**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.