

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 FEB 23 AM 8:32

070 FARMINGTON, NM

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
890' FSL, 1800' FWL, Sec.15, T-32-N, R-7-W, NMPM

- 5. Lease Number
SF-078459B
- 6. If Indian, All. or Tribe Name
- 7. Unit Agreement Name
Allison Unit
- 8. Well Name & Number
Allison Unit #16
- 9. API Well No.
30-045-11385
- 10. Field and Pool
Blanco MV/Basin DK
- 11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

The subject well was producing for all of 1995.

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FEB 26 1996
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title Regulatory Administrator Date 2/21/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

FEB 23 1996

FARMINGTON DISTRICT OFFICE

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator MERIDIAN OIL INC. Lease ALLISON UNIT Well No. 16
Location of Well: Unit N Sect. 15 Twp. 032N Rge. 007W County SAN JUAN

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	MESAVERDE	GAS	FLOW ^{COMP?} NO COMPRESSOR	TUBING
Lower Completion	DAKOTA	GAS	FLOW NO COMPRESSOR	TUBING

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion	8:51 AM 4/8/96	5 days	1588	NO
Lower Completion	8:51 AM 4/8/96	3 days	1828	NO

FLOW TEST NO. 1

Commenced at (hour,date)* <u>THUR 4/11/96</u>				Zone producing (Upper or Lower)	
TIME (hour,date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP	REMARKS
		Upper Completion	Lower Completion		
9:25 AM 4/9	1 day	T86-580* CS6-580*	T86-778*	NA	
12:30 PM 4/10	2 day	T86-585* CS6-585*	T86-809*		
11:08 AM 4/11	3 day	T86-591* CS6-593*	T86-828*	LOW FLOW 11:18 AM 4-11-96	
10:30 AM 4/12	4 day	T86-593* CS6-593*	FLOW T86-339*		DIF 1.3 SAT P.S.
10:10 AM 4/13	5 day	T86-598* CS6-598*	FLOW T86-332*		DIF 0.6 SAT P.S.

Production rate during test

Oil: _____ BOPD based on _____ Bbls in _____ Hours _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): 4000 800° SPERRY (Lower Zone)

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

(Continue on reverse side)

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SEP 10 1996
OIL CON. DIV.
INSTR. B

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FLOW TEST NO. 2

Commenced at (hour,date)**		Zone producing (Upper or Lower):			
TIME (hour,date)	LAPSED TIME SINCE**	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

Remarks: _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

[Signature]
Deputy Oil & Gas Inspector
New Mexico Oil Conservation Division

Operator: *[Signature]*

By: *[Signature]*

Title: *[Signature]*

Date: *9-6-96*

SEP 11 1996

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer-leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be connected on all multiple completions within seven days following recompletion and/or chemical or frac-ture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offact operators shall also be so notified.
3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.
4. For flow Test No. 1, one zone of the dual completion shall be producing at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days if the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.
5. Following completion of flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
6. Flow Test No. 2 shall be conducted even though no leak was indicated during flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1

- except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.
7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.
 - 24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.
 8. The results of the above described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division of Northwest New Mexico Packer Leakage Test form Revised 10/01/78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).