

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Guffy Oil Co</u>			Lease <u>Justis McKee Unit</u>			Well <u>305</u>	
<u>TEXACO INC.</u>			<u>C.E. Penny Field NCT-4</u>			No. <u>5</u>	
Location of Well	Unit	Sec	Twp	Rge	County		
	<u>D</u>	<u>19</u>	<u>25</u>	<u>38</u>	<u>Lea</u>		
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size	
Upper Compl	<u>Justis McKee</u>		<u>Oil</u>	<u>Art. Lift</u>	<u>Tbg.</u>	<u>—</u>	
Lower Compl	<u>Justis Ellenburger</u>		<u>Oil</u>	<u>Art. Lift</u>	<u>Tbg.</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 3-22-71

Well opened at (hour, date): 10:30 AM 3-23-71      Upper Completion      Lower Completion

Indicate by ( X ) the zone producing..... X

Pressure at beginning of test..... 60      110

Stabilized? (Yes or No)..... Yes      Yes

Maximum pressure during test..... 60      110

Minimum pressure during test..... 30      110

Pressure at conclusion of test..... 30      110

Pressure change during test (Maximum minus Minimum)..... 30      0

Was pressure change an increase or a decrease?..... decrease      —

Well closed at (hour, date): 2:30 PM 3-23-71      Total Time On Production 4 hrs.

Oil Production      Gas Production

During Test: 1 bbls; Grav. 37.4; During Test 5 MCF; GOR 5000

Remarks \_\_\_\_\_

FLOW TEST NO. 2

Well opened at (hour, date): 10:30 AM 3-24-71      Upper Completion      Lower Completion

Indicate by ( X ) the zone producing..... X

Pressure at beginning of test..... 50      120

Stabilized? (Yes or No)..... Yes      Yes

Maximum pressure during test..... 60      130

Minimum pressure during test..... 50      60

Pressure at conclusion of test..... 60      60

Pressure change during test (Maximum minus Minimum)..... 10      70

Was pressure change an increase or a decrease?..... increase      decrease

Well closed at (hour, date): 9:00 AM 3-25-71      Total time on Production 22 hrs 30 min

Oil Production      Gas Production

During Test: 120 bbls; Grav. 44.0; During Test 144 MCF; GOR 1200

Remarks Artificial Zone Segregation Test

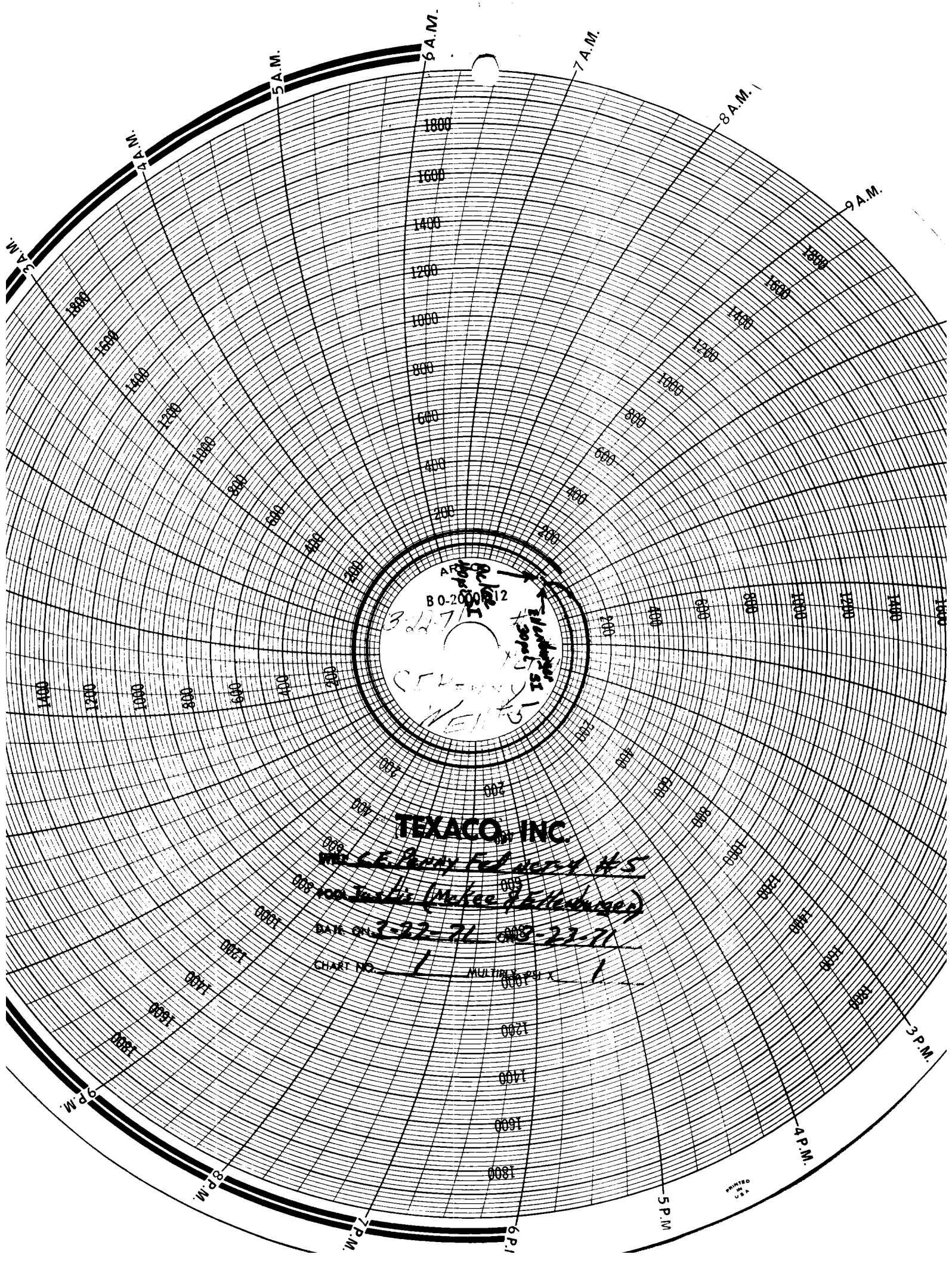
I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved APR 6 1971 19  
New Mexico Oil Conservation Commission

By \_\_\_\_\_  
Title SUPERVISOR DISTRICT

Operator TEXACO INC.  
By [Signature]  
Title ASST. DIST. SUPT.  
Date 4-1-71

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HOBBBS, W. M.



TEXACO, INC.

WELLS FARGO BANK, N.A.

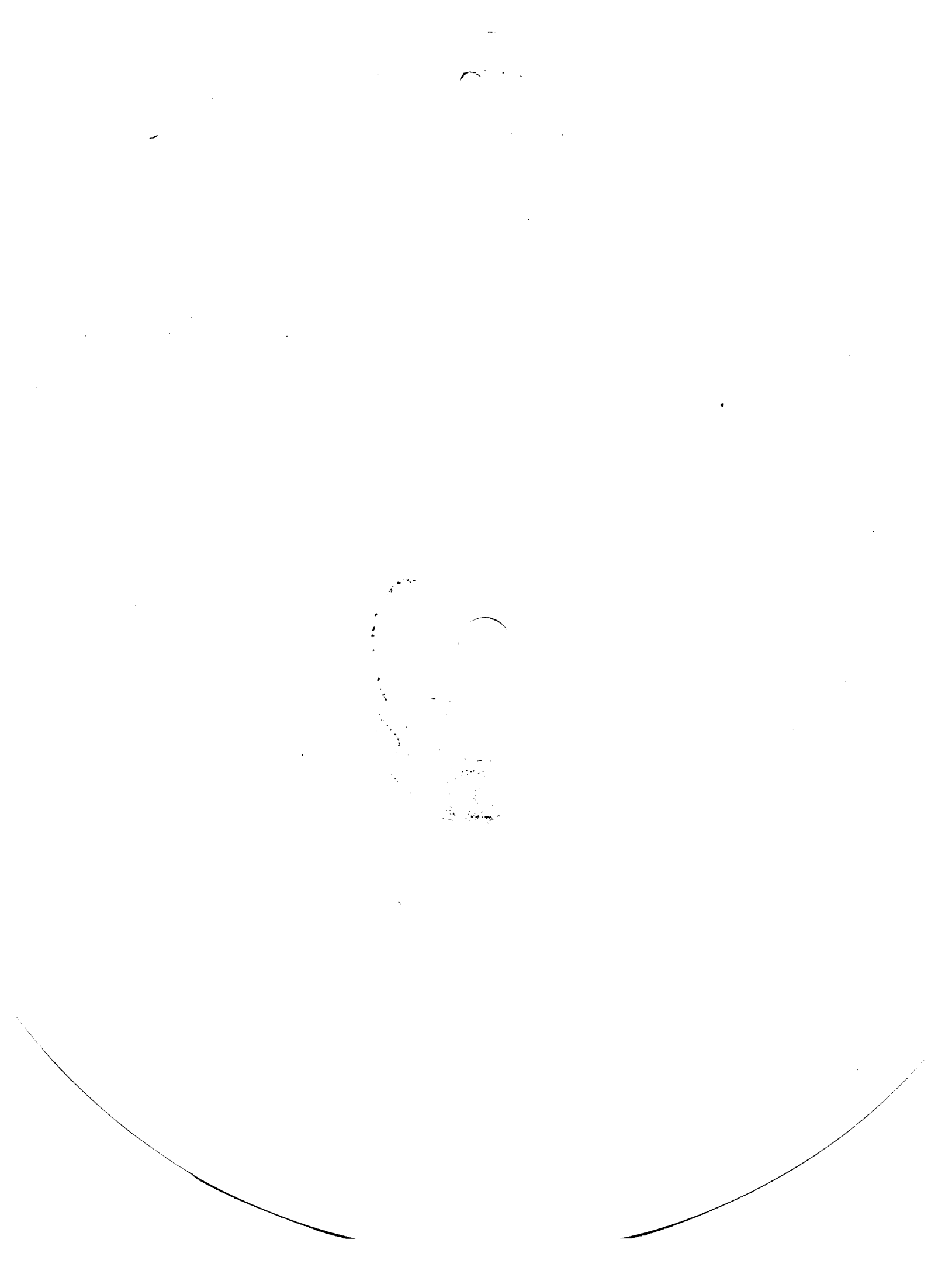
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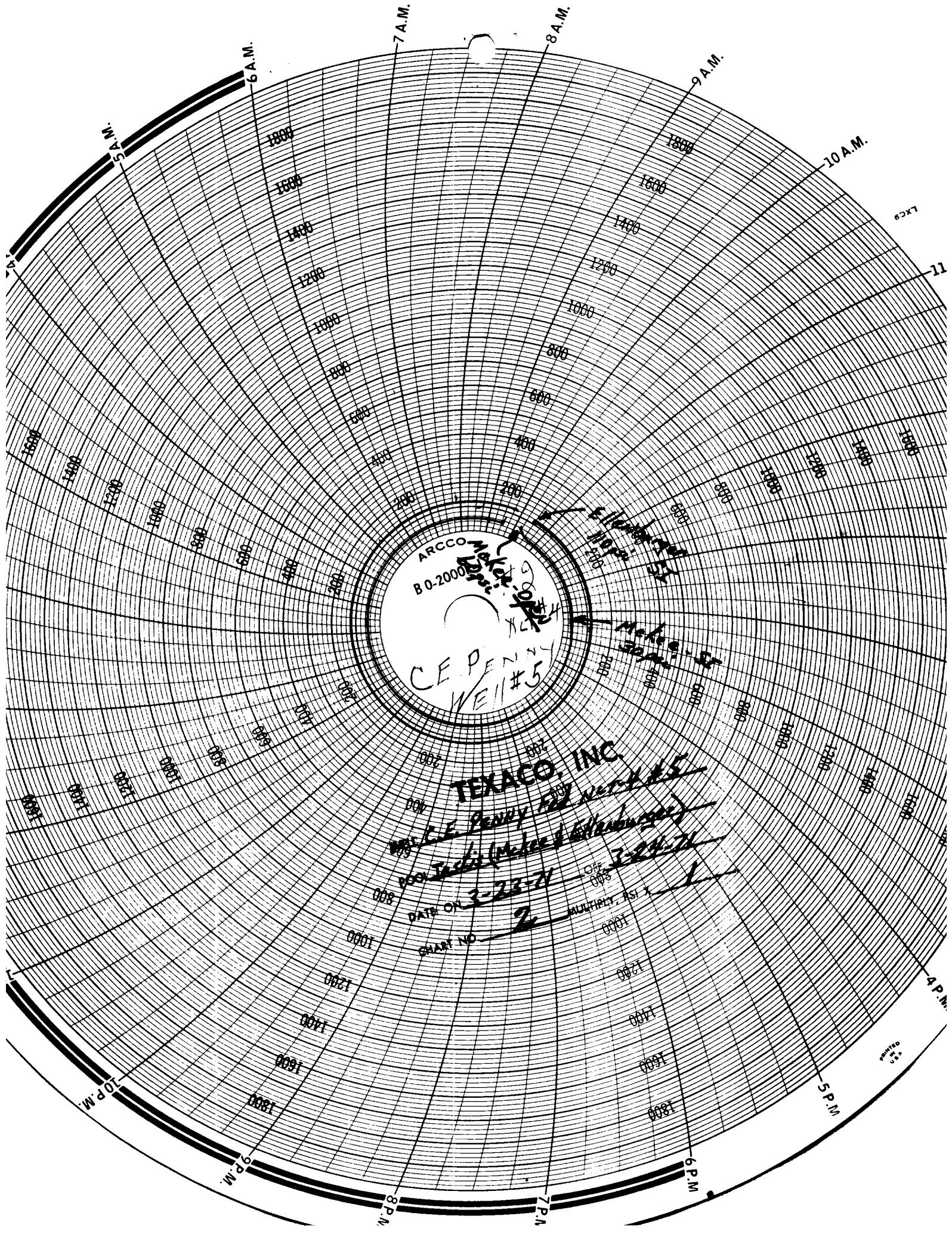
DATE: 3-22-71

CHART NO. 1

MULTIPLE: 1

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ARCCO  
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CE PENNY  
WELL #5

TEXACO, INC

W. E. Penny, Jr. W-4 #5  
Rock Island (McKee & Williamson)  
3-23-71

DATE ON 3-23-71  
CHART NO. 2

CHART NO. 1  
MULTIPLY BY 1

627

11

4 P.M.

5 P.M.

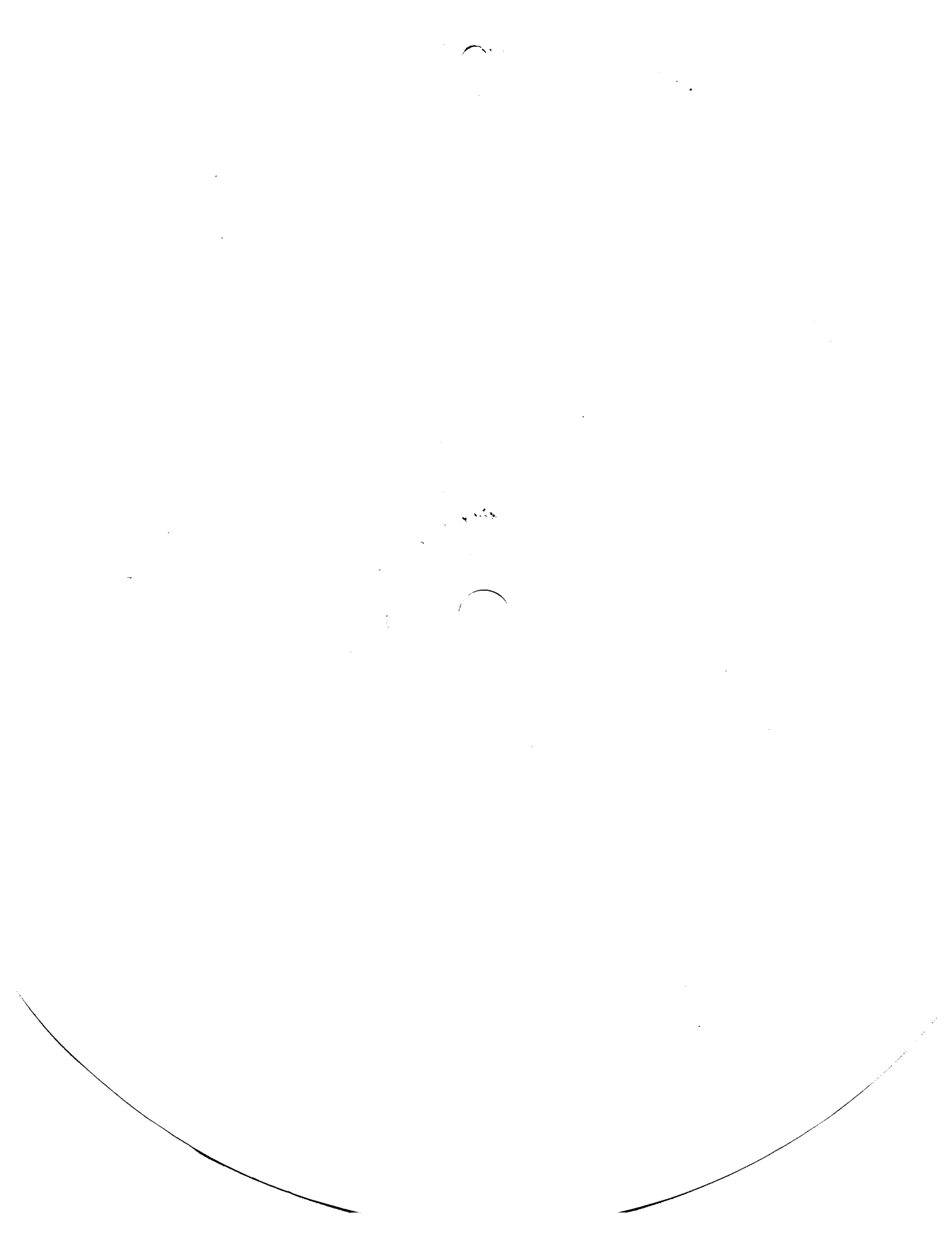
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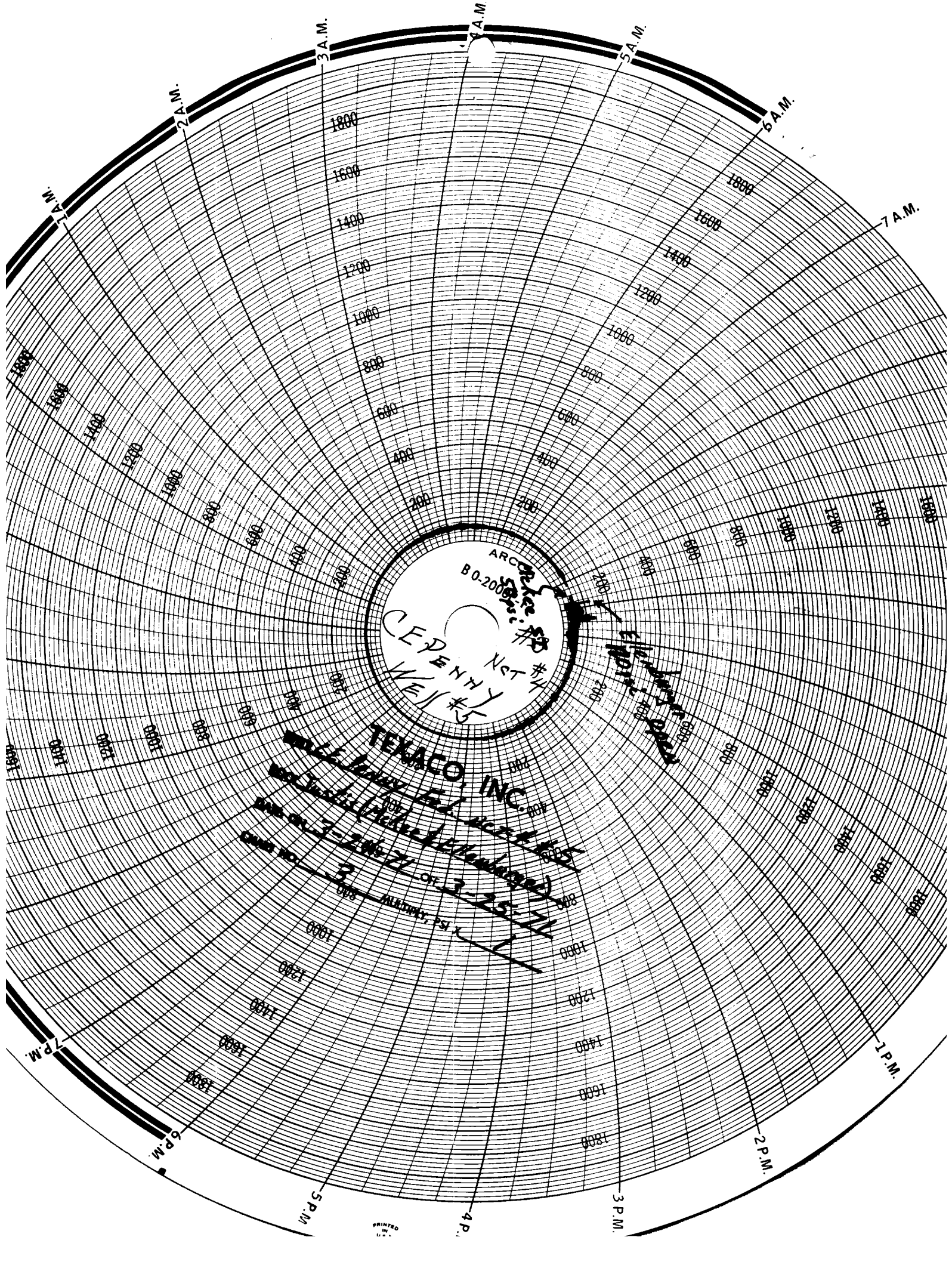
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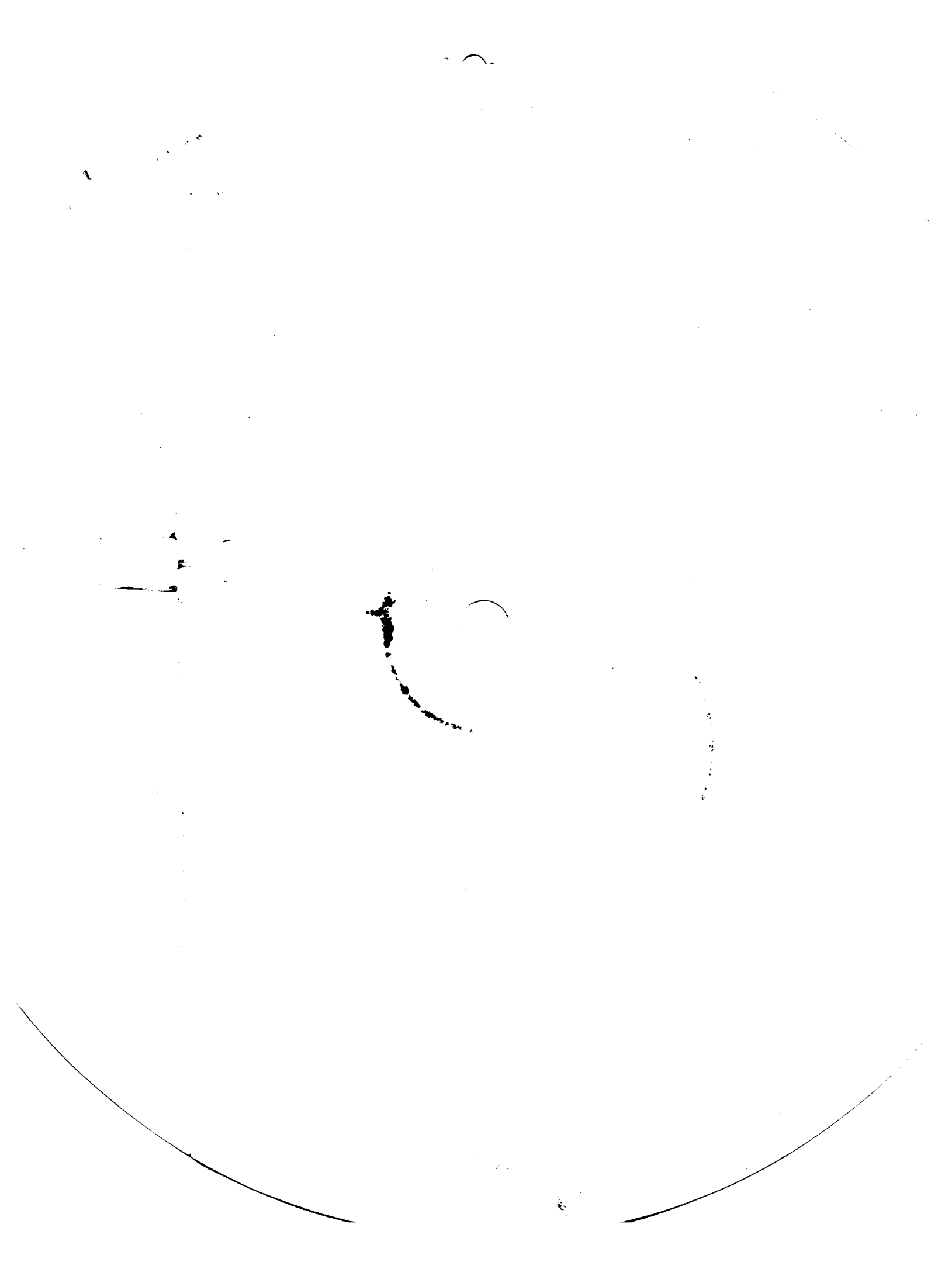
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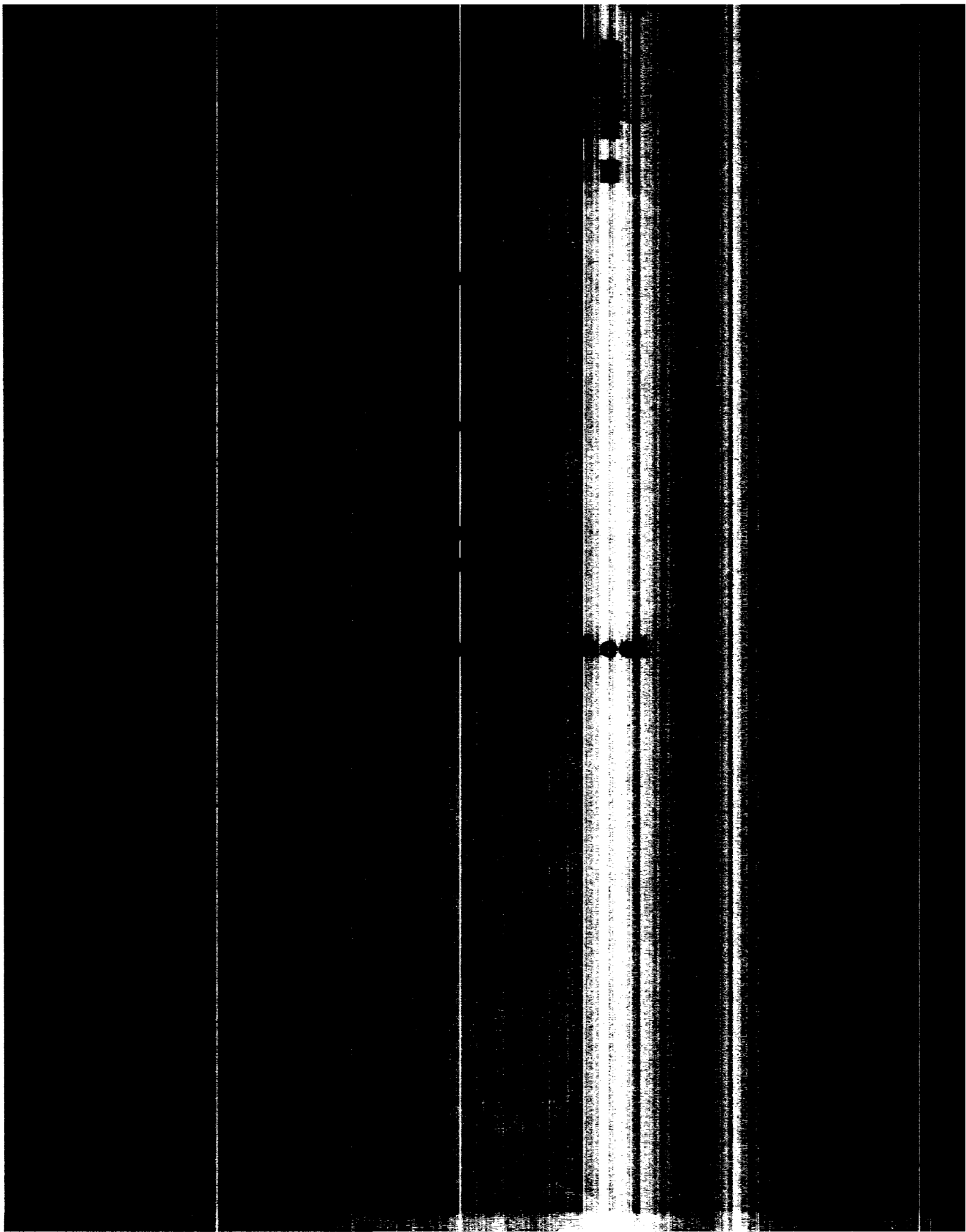


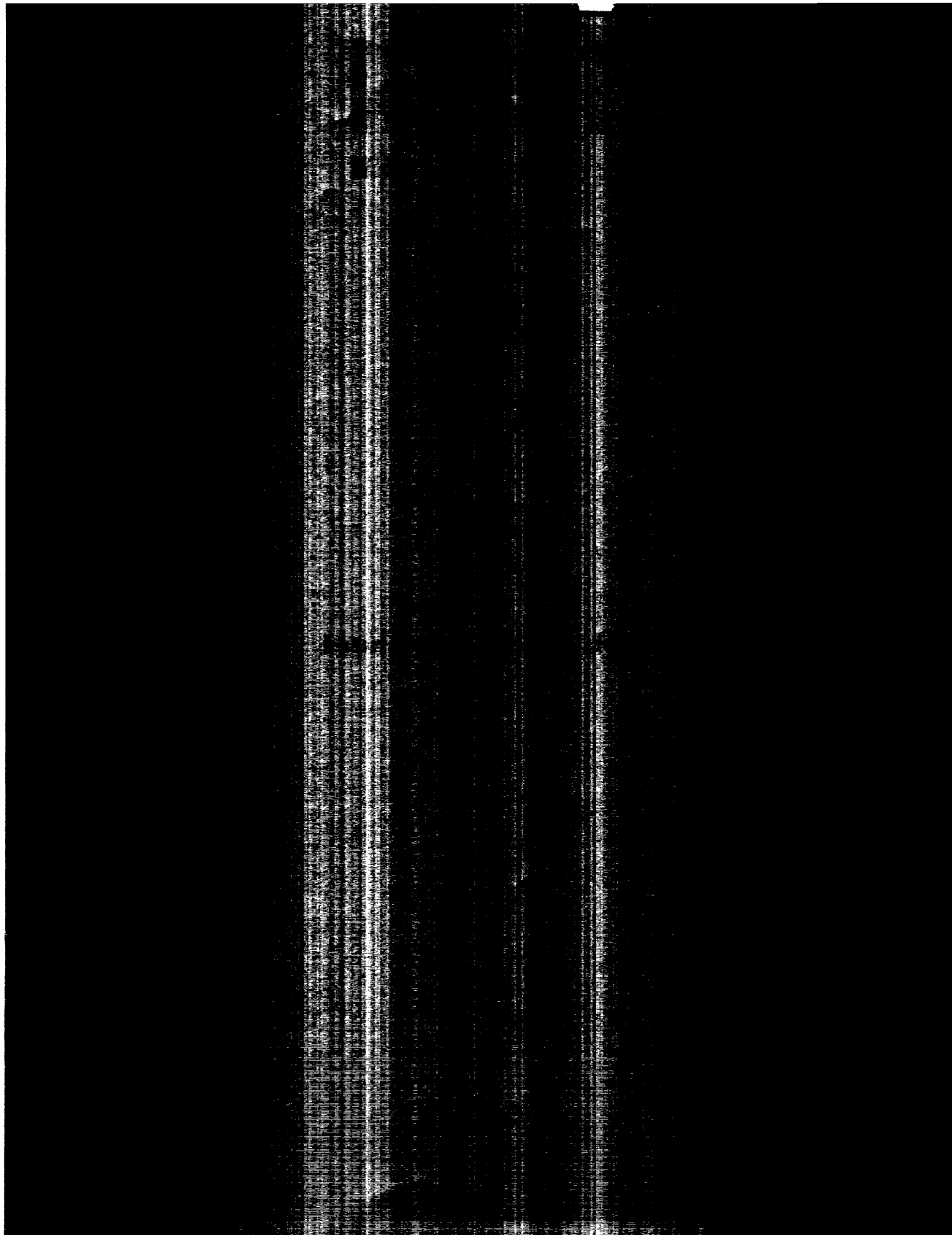


TEKACO, INC.  
BUREAU OF WELLHEADS  
P.O. BOX 1000  
OIL FIELD, TEXAS  
OFF. 3-25-11  
OPS. - MULTIPLE, PSI









NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Texaco Inc</u>		Lease <u>Jackie McKee Unit</u>		Well <u>305</u>	
<u>Texaco Inc</u>		<u>G.E. Penny Fed. NET-4</u>		No. <u>2</u>	
Location of Well	Unit <u>D</u>	Sec <u>19</u>	Twp <u>25</u>	Rge <u>38</u>	County <u>Lee</u>
	Name of Reservoir or Pool	Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl	<u>Jackie McKee</u>	<u>Oil</u>	<u>Art. Lift</u>	<u>Tbg.</u>	<u>—</u>
Lower Compl	<u>Jackie Ellenburger</u>	<u>Oil</u>	<u>Art. Lift</u>	<u>Tbg.</u>	<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 4-6-70

Well opened at (hour, date): 10:00 AM 4-7-70 Upper Completion Lower Completion

Indicate by ( X ) the zone producing..... — X

Pressure at beginning of test..... ps. 0 180

Stabilized? (Yes or No)..... Yes Yes

Maximum pressure during test..... ps. 0 180

Minimum pressure during test..... ps. 0 30

Pressure at conclusion of test..... ps. 0 80

Pressure change during test (Maximum minus Minimum)..... ps. 0 150

Was pressure change an increase or a decrease?..... — decrease

Well closed at (hour, date): 10:00 AM 4-8-70 Total Time On Production 24 hrs.

Oil Production Gas Production

During Test: 180 bbls; Grav. 43.0; During Test 108 MCF; GOR 600

Remarks \_\_\_\_\_

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM 4-9-70 Upper Completion Lower Completion

Indicate by ( X ) the zone producing..... X —

Pressure at beginning of test..... ps. 0 190

Stabilized? (Yes or No)..... Yes Yes

Maximum pressure during test..... ps. 0 200

Minimum pressure during test..... ps. 0 190

Pressure at conclusion of test..... ps. 0 200

Pressure change during test (Maximum minus Minimum)..... ps. 0 10

Was pressure change an increase or a decrease?..... — increase

Well closed at (hour, date): 2:00 PM 4-9-70 Total time on Production 4 hrs.

Oil Production Gas Production

During Test: 2 bbls; Grav. 37.8; During Test 737M MCF; GOR —

Remarks Annual Zone Segregation Test

APR 17 1970

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

APR 23 1970

Approved \_\_\_\_\_  
New Mexico Oil Conservation Commission

By [Signature]  
Title SUPERVISOR DISTRICT

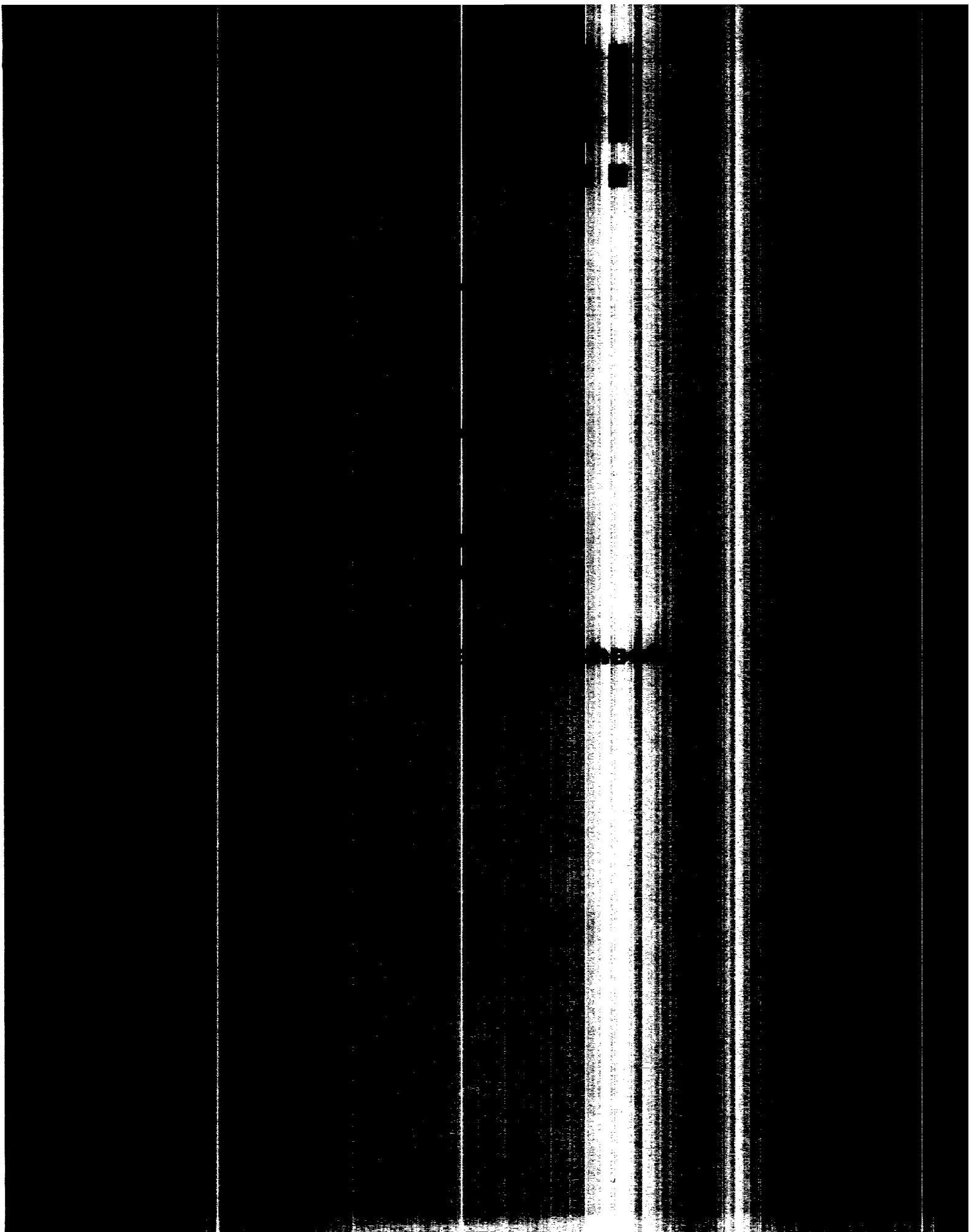
Operator TEXACO, INC.  
By [Signature]  
Title ASST. DIST SUPT  
Date 4-17-70

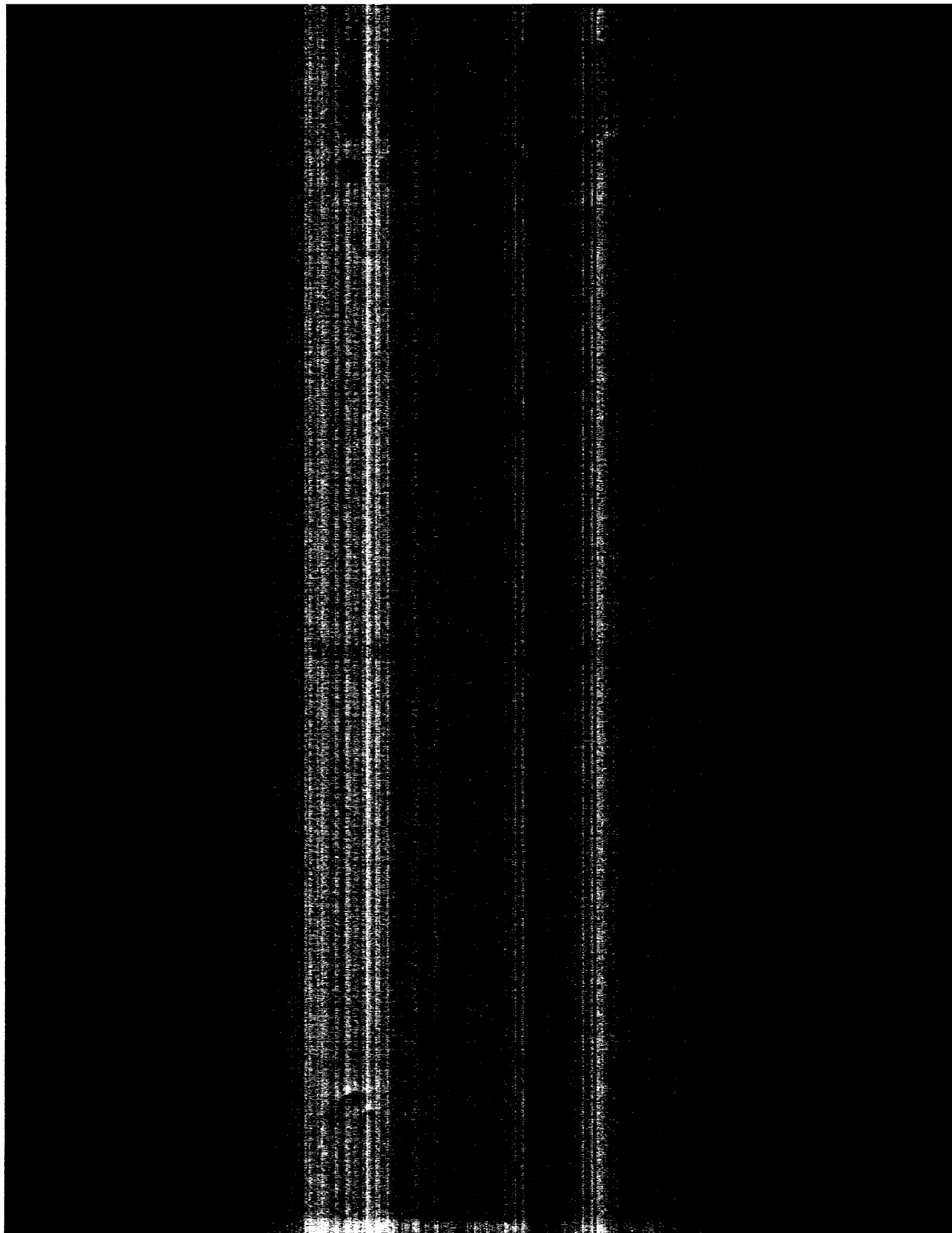
# SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

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 commenced on all multiple completions within seven days following recompletion and/or chemical or fracture 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 Commission.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Commission in writing of the exact time the test is to be commenced. Offset 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 and for a minimum of two hours thereafter, provided however, that they need not remain shut-in more than 24 hours.
4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for a minimum of two hours thereafter, provided however, that the flow test need not continue for more than 24 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 previously shut-in zone is produced.
7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with a deadweight tester at least twice, once at the beginning and once at the end, of each flow test.
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 appropriate District Office of the New Mexico Oil Conservation Commission on Southeast New Mexico Packer Leakage Test Form Revised 11-1-58, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve for each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

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HONOLULU, H. I.





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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>GETTY OIL COMPANY</b>	
Address <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Transporter Correction</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership, give name and address of previous owner <b>Tidewater Oil Company, Box 249, Hobbs, New Mexico</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Justin McKee Unit</b>	Well No. <b>305</b>	Pool Name, Including Formation <b>Justin McKee</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>19</b> , Township <b>25S</b> Range <b>38E</b> , NMPM, <b>Lee</b> County			

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shall Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1384, Jal, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>24</b>	Twp. <b>25</b>	Rge. <b>37</b>	Is gas actually connected? <b>Yes</b>	When <b>1-1-66</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Perforations	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*P. E. Wade*  
(Signature)  
**Area Superintendent**

**September 30, 1967**

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED

**OCT 26 1967**

BY

TITLE **ORIGINAL & THREE COPIES**

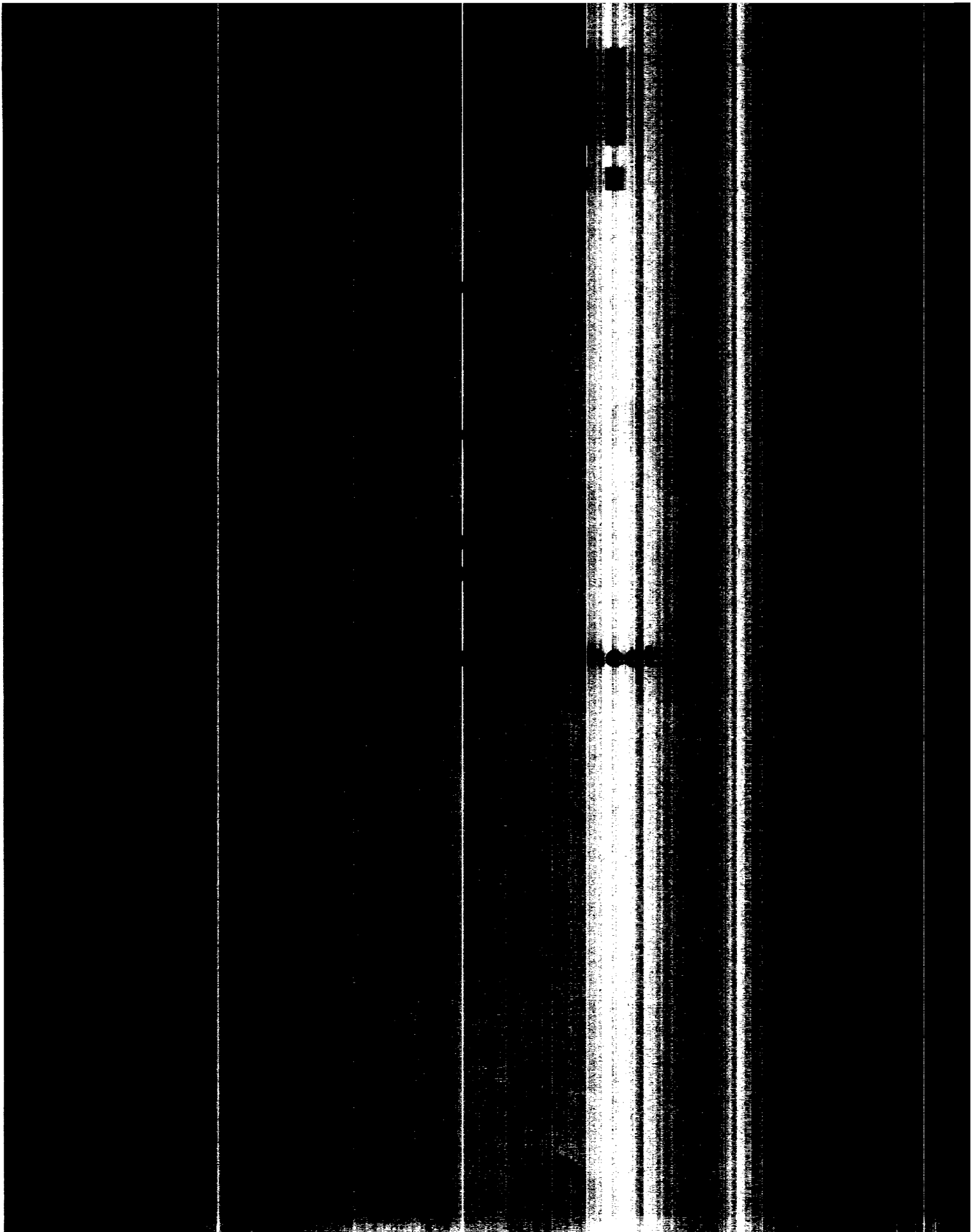
SIGNED BY: **ERIC F. ENGBRECH**  
ENGINEER DISTRICT No. 1  
This form is to be filed in compliance with Rule 111.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the definition tests taken on the well in accordance with RULE 111.

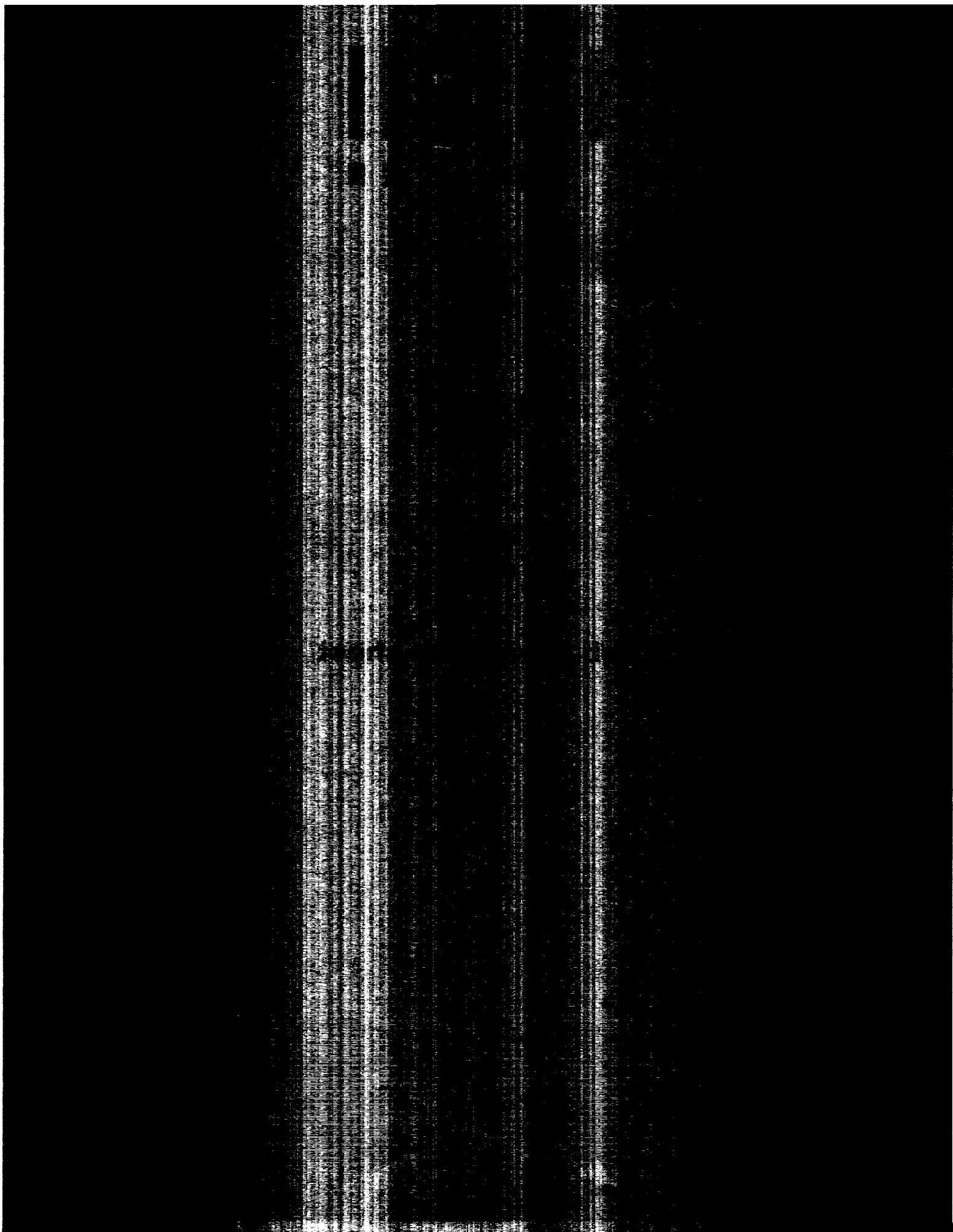
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply tested wells.







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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Getty Oil Company**  
Address  
**P. O. Box 249, Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner **Tidewater Oil Co., Box 249, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Justis McKee Unit** Well No. **305** Pool Name, Including Formation **Justis McKee** Kind of Lease **Fed.** Lease No.  
Location  
Unit Letter **D** **990** Feet From The **North** Line and **330** Feet From The **West**  
Line of Section **19** Township **25S** Range **38E**, NMFM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Texas New Mexico Pipeline Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1510, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural Gas Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1384, Jal, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **24** Twp. **25** Rge. **37** Is gas actually connected? **Yes** When **1-1-66**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION  
APPROVED BY **[Signature]**, 19  
TITLE **SUPERVISOR DISTRICT**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation