

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

| | | | | | | | |
|----------------------------------|---------------------------|-----------|------------------------------|----------------------------------|------------------------------|---------------|--|
| Operator Marathon Oil Company | | | Lease Lea Unit | | | Well No. 3 | |
| Location of Well | Unit J | Sec 13 | Twp 20S | Rge 34E | County Lea | | |
| | 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 | Lea Pennsylvanian | | Gas | Dead | Tubing | -- | |
| Lower Compl | Lea Devonian | | Oil | G.L. | Tubing | -- | |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:30 PM 7-26-71

Well opened at (hour, date): 2:30 PM 7-27-71

| | | |
|--|---------------------|---------------------|
| | Upper Completion | Lower Completion |
| Indicate by (X) the zone producing..... | | X |
| Pressure at beginning of test..... | 20 | 840 |
| Stabilized? (Yes or No)..... | Yes | Yes |
| Maximum pressure during test..... | 20 | 840 |
| Minimum pressure during test..... | 20 | 85 |
| Pressure at conclusion of test..... | 20 | 95 |
| Pressure change during test (Maximum minus Minimum)..... | 0 | 755 |
| Was pressure change an increase or a decrease?..... | N.A. | Decr. |

Well closed at (hour, date): 8:30 PM 7-27-71 Total Time On Production 6 Hrs.

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. --; During Test TSTM MCF; GOR --

Remarks No G.L. gas was injected and well died. Initial S.I. pressure reflects G.L. system pressure.

FLOW TEST NO. 2

| | | |
|--|---------------------|---------------------|
| | Upper Completion | Lower Completion |
| Well opened at (hour, date): <u>Well dead, will not flow</u> | | |
| Indicate by (X) the zone producing..... | | |
| Pressure at beginning of test..... | 20 | 600 |
| Stabilized? (Yes or No)..... | Yes | Yes |
| Maximum pressure during test..... | | |
| Minimum pressure during test..... | | |
| Pressure at conclusion of test..... | | |
| Pressure change during test (Maximum minus Minimum)..... | | |
| Was pressure change an increase or a decrease?..... | | |

Well closed at (hour, date) Well dead-will not produce Total time on Production _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks Well dead - no test. Test results indicates there is no communication between zones.

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

Approved AUG 23 1971 19
 New Mexico Oil Conservation Commission

Operator Marathon Oil Company
 By [Signature]
 Title Petr. Engr.

By [Signature]
 Title _____

RECEIVED

AUG 10 1971

OIL CONSERVATION COMM.
HOUSTON, TEXAS

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBJECT IN TRIP
(Other instructions
verso side)

COPY TO O.C.G.
Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
New Mexico 03085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Marathon Oil Company

3. ADDRESS OF OPERATOR
Box 220 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
AT SURFACE

NW 1/4 of SE 1/4 of Section 13, Twp 20-S, Range 34-E
Lea County, New Mexico

7. UNIT AGREEMENT NAME
Lea Unit

8. FARM OR LEASE NAME
Lea Unit

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Lea Penn

11. SEC. T. R. M. OR BDR. AND SURVEY OR AREA
Sec. 13, 20-S, 34-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)
3674' (DT)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other)

(Note: Report results of notice of completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Dowell treated the Penn (Bond) gas zone through perforations at 12,902' - 12,918' with 1500 gallons. Mincro super weak acid. Form 9-331 submitted your office 10-21-64, in error listed above perforations as 12,889' - 12,900'.

RECEIVED
OCT 21 1964
U.S. GEOLOGICAL SURVEY
DALLAS, TEXAS

18. I hereby certify that the foregoing is true and correct
SIGNED J. L. Gordon TITLE Asst. Dir. Suppl. DATE 10-20-64

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE OCT 21 1964
CONDITIONS OF APPROVAL, IF ANY:

J. L. GORDON
ACTING DISTRICT ENGINEER
*See Instructions on Reverse