District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Submit I copy of the final affected wells

Form C-104B

March 19, 2001

list along with I copy of this form per number of wells on that list to appropriate District Office

Change of Operator Name

OGRID:	120782				
Effective Date:					
Previous Operator Name and Information:		tion:	New Operator Name and Information:		
Address:	Williams Production Co One Williams Center P.O. Box 3102 Tulsa, OK 74101	<u></u>	ew Name: Address: Address: State, Zip:		
this form and the	e attached list of wells is true an	id complete to the bes	of my knov	d with and that the information given on wledge and belief.	
Signature:	Tracy Ross)			
	Tracy Ross			18 18 18 18 18 18 18 18 18 18 18 18 18 1	
Title:	Production Analyst			E AM TO	
•	4/30/01 Phone: 9				
			NM	OCD Approval	
		Signature: _	, 		
		Printed Name:			
		District:			
		Date:			



NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION AZTEC DISTRICT OFFICE 1000 RIO BRAZOS ROAD AZTEC NM 87410 (505) 334-4178 FAX: (505) 334-8

(505) 334-8178 FAX: (506) 334-6170 http://www.nd.state.nm.us/ocd/District III/3district.htm

This form is not to be used for reporting packer leakage tests in Southeast New Mexico

Completion

Page 1 Revised 11/16/98

	NOI	RTHWEST NI		•,	R-LEAKAGE TEST	_
Operator W: Vams' Prod. Lease Name Ross On 17 Well No 32 A						
-	•	_				
ocation of \	Well:Unit Letter	F Sec Z	Twp <u>.</u> Z/\\	√Rge <u>6</u>	ي API#30-0 <u>39</u>	541700
		······································				•
	NAME OF RESE	RVOIR OR POOL	TYPE OF (Oil or		METHOD OF PROD. (Flow or Art. Lift)	PROD.MEDIUM (Tbg. or Csg.)
Upper Completion	PC		6a.	5	flour	765
Lower Completion	my		bas		f/on	169
		PRE-F	FLOW SHUT-IN			
Upper Comp letion	Hour, date shut-in	8-13-01		٧5	SI press. Palg	Stabilized? (Yes or No)
Lower Completion	Hour, date shut-in	8-13-01		r5	SI press. Psig 270	Stabilized? (Yes or No)
O	(hour, date)* 11 4 6	2-18-1	FLUW IE	ST NO. 1	(Upper or Lower): UPD4	
Commenced at ((hour, date) 1/90	PRESS	SURE	PROD. ZONI		EMARKS
(hour,date)	SINCE*	Upper Completion	Lower Completion	TEMP.	76212	9705
1140 8-17	246-	220	270	76	A STATE OF THE PARTY OF THE PAR	
1140 8-8	43 ho	168	278	76	AUG	2001
1/40 8-19	7241	170	286	78	78 000	
		-			4335	No.
		+				
Production r	ate during test	<u>.l</u>	<u> </u>			
Oil:BOPD based onBbls. inHoursGravGOR						
Gas:	750	MCFF	PD; Tested thru	(Orifice or N	Meter): MeXe	'
·		MID-	-TEST SHUT-IN	N PRESSUR	E DATA	T
Upper Completion	Hour, date shut-in		Length of time	shut-in	SI press paig	Stabilized? (Yes or No)
	Hour date shut-in		Length of time	shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (nour, date)**			Zone producing (Upper or Lowr):			
TIME (hour,date)	LAPSED TIME Since**	PRESS Upper Completion	URE Lower Completion	PROD. ZONE	REMARKS	-
			·			
			· · · · · · · · · · · · · · · · · · ·			
Oil: Gas: Remarks:	BOPD	based onMCFP	Bbls. D:Tested thru (C	.inHour	sGravGOF	₹
hereby certif	y that the inform	nation herein con	tained is true and	complete to the	bes of my ky6wledge.	
Approved Mexico Oil Con:	AUG 2 servation Division	<u>9 2001</u>	_ Operator <u><</u> By_	6-,	196 WPX	New
	SIGNED BY DHAM		-		•	·
Fitle	TY OIL & GAS IN	spector, dist. 🚜	 Title	ΩL	9/01	
				07		

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 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 Division.
- 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. 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 wellhead 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 produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in 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.
- 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 deadwright 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 beginning of each 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 date.
- 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 result's 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 on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Road, Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 copy of the final affected wells list along with 1 copy of this form per number of wells on that list to appropriate District Office

Form C-104B

March 19, 2001

Change of Operator Name

*			
OGRID:	120782		
Effective Date:			
Previous O	perator Name and Informatio	n: New Open	ator Name and Information:
Address:	Williams Production Comp One Williams Center P.O. Box 3102 Tulsa, OK 74101	Address:	One Williams Center P.O. Box 3102
this form and the	e attached list of wells is true and c	complete to the best of my kno	ed with and that the information given on wledge and belief.
Signature:	Tracy Ross		(00 31 °22)
	Tracy Ross		19 10 10 1 (2 3) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Title:	Production Analyst		
, Date:	4/30/01 Phone: 918	/573-6881	
		NM	OCD Approval
		Signature:	
		Printed Name:	
		District:	
		Date:	