

This form is to be used for reporting
packer leakage tests
in southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Southland Royalty Company Lease Harrison Well No. #2
Location _____
of Well: Unit K Sec. 31 Twp. 32N Rge. 10W County San Juan
Name of Reservoir or Pool _____ Type of Prod. _____ Method of Prod. _____ Prod. Medium _____
(Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)

Upper Completion	<u>Undesignated Fruitland</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg.</u>
Lower Completion	<u>Blanco Pictured Cliffs</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg.</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in <u>10-17-81</u>	Length of time shut-in <u>72 Hrs.</u>	SI press. psig T. <u>442</u> C. <u>479</u>	Stabilized? (Yes or No)
Lower Compl	Hour, date Shut-in <u>10-17-81</u>	Length of time shut-in <u>72 Hrs.</u>	SI press. psig T. <u>450</u>	Stabilized? (Yes or No)

FLOW TEST NO. 1

Commenced at (hour, date)* <u>10-20-81</u>			Zone producing XXXXXXX Lower) <u>Lower</u>		
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
<u>10-18-81</u>		<u>T. 441</u>	<u>T. 521</u>		
		<u>C. 469</u>			
<u>10-19-81</u>		<u>T. 441</u>	<u>T. 451</u>		
		<u>C. 474</u>			
<u>10-20-81</u>		<u>T. 442</u>	<u>T. 450</u>		
		<u>C. 479</u>			
<u>10-21-81</u>	<u>24 Hrs.</u>	<u>T. 445</u>	<u>T. 446</u>		
		<u>C. 480</u>			
<u>10-22-81</u>	<u>48 Hrs.</u>	<u>T. 450</u>	<u>T. 437</u>		
		<u>C. 486</u>			

Production rate during test

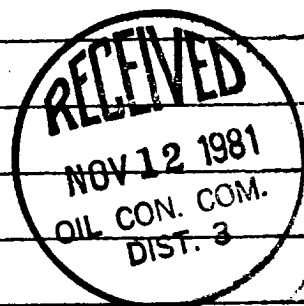
Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

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

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 Compl.	Lower Compl.		



Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ 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.

Approved: _____

Oil Conservation Division

Original Signed by CHARLES GHOLSON

Operator SOUTHLAND ROYALTY COMPANYBy James W. SmithTitle District Field SupervisorTitle DEPUTY OIL & GAS INSPECTOR, DIST. #3Date November 6, 1981

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. The test shall be conducted in accordance with the following instructions. The test shall be conducted in the presence of the well owner and the Division representative. The test shall be conducted in the presence of the well owner and the Division representative. The test shall be conducted in the presence of the well owner and the Division representative.

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5. Following completion of Flow Test No. 1, the well shall again be shut-in for a minimum of 24 hours.

6. The test shall be conducted even though no leak was indicated during the first test. The test shall be conducted even though no leak was indicated during the first test. The test shall be conducted even though no leak was indicated during the first test.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3-hour 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 the pressure measurement immediately prior to the conclusion of each flow period. 24-hour tests: 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 required on wells which have previously shown a reasonable test data.

8. 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 gas-oiled in during oil completion, the recording gauge shall be required on the oil zone only, with deadweight pressures is required above being taken on the gas zone.

9. 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 Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-1-78, with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only). A pressure versus time curve for each zone of each test shall be constructed on the reverse side of the Packer Leakage Test Form with all deadweight pressure points taken indicated thereon. For oil zones, the pressure curve should also indicate all key pressure changes which may be reflected by the recording gauge charts. These key pressure changes should also be indicated on the front of the Packer Leakage Test Form.

