

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Meridian Oil Inc Lease Payne Well No. 2A
Location of Well: Unit D Sec. 21 Twp. 32N Rge. 10W 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 | <u>Mesaverde</u> | <u>Gas</u> | <u>Flow</u> | <u>Tbg</u> |
| Lower Completion | <u>Nakota</u> | <u>Gas</u> | <u>Flow</u> | <u>Tbg</u> |

PRE-FLOW SHUT-IN PRESSURE DATA

| | | | | |
|------------------|---------------------------------------|---|-------------------------------|-------------------------|
| Upper Completion | Hour, date shut-in <u>12-12-93</u> | Length of time shut-in <u>3 DAYS</u> | SI press. psig <u>330</u> | Stabilized? (Yes or No) |
| Lower Completion | Hour, date shut-in <u>12-12-93</u> | Length of time shut-in <u>3 DAYS</u> | SI press. psig <u>1005</u> | Stabilized? (Yes or No) |

FLOW TEST NO. 1

| Commenced at (hour, date)* <u>12-15-93</u> | | | | Zone producing (Upper or Lower): <u>Lower</u> | |
|--|-----------------------|------------------|------------------|---|---------|
| TIME (hour, date) | LAPSED TIME SINCE* | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| <u>12-13-93</u> | | <u>295</u> | <u>835</u> | | |
| <u>12-14-93</u> | | <u>319</u> | <u>990</u> | | |
| <u>12-15-93</u> | | <u>330</u> | <u>1005</u> | | |
| <u>12-16-93</u> | | <u>335</u> | <u>315</u> | | |
| <u>12-17-93</u> | | <u>337</u> | <u>242</u> | | |

Production rate during test

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

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

MID-TEST SHUT-IN PRESSURE DATA

| | | | | |
|------------------|--------------------|------------------------|----------------|-------------------------|
| Upper Completion | Hour, date shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes or No) |
| Lower Completion | 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 (hour, date) ** | | Zone producing (Upper or Lower): | |
|------------------------------|-------------------------|----------------------------------|------------------|
| TIME (hour, date) | LAPSED TIME SINCE ** | PRESSURE | |
| | | Upper Completion | Lower Completion |
| PROD. ZONE TEMP. | REMARKS | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

Approved JAN 03 1994 19 _____
New Mexico Oil Conservation DivisionBy Original Signed by CHARLES GHOLSONTitle DEPUTY OIL & GAS INSPECTOR, DIST. #3Operator Mendon Oil IncBy SUSAN DOLAN
OPERATIONS ASSISTANT

Title _____

Date DEC 21 1993

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.
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. 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, 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.
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 conclusion of each flow period. 7-day 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 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 on 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).

| | | | |
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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-1
Effective 1-1-65

I.

| | |
|--|---|
| Operator SUPRON ENERGY CORPORATION | |
| Address P.O. Box 808, Farmington, New Mexico | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change In Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|---|---|----------------------------|
| Lease Name Payne | Well No. 2-A | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee Fed. SF | Lease No. 080517 |
| Location | | | | |
| Unit Letter D ; 880 Feet From The North Line and 900 Feet From The West | | | | |
| Line of Section 21 Township 32 North Range 10 West , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-----------|------------|------------|----------------------------|--------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Plateau, Inc. | P.O. Box 108, Farmington, New Mexico 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Southern Union Gathering Company | First International Bldg., Dallas, Texas | | | | | |
| Attention: Mr. R.J. McCrary | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | D | 21 | 32N | 10W | No | ----- |

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'v. | Diff. Res'v |
| | | XX | XX | | | | | |
| Date Spudded 4-25-80 | Date Compl. Ready to Prod. 9-3-80 | | Total Depth 7800 | | P.B.T.D. 7750 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6293 R.K.B. | Name of Producing Formation Mesaverde | | Top Oil/Gas Pay 7584 | | Tubing Depth 5060 | | | |
| Perforations 4978 - 5638 | | | | | Depth Casing Shoe 7793 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 10-3/4", 32.75# | | 274 | | 275 | | | |
| 9-7/8" | 7-5/8", 26.40# | | 3400 | | 325 | | | |
| 6-3/4" | 5-1/2", 15.50# | | 3248-7793 | | 500 | | | |

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 greater than 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 2222 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 641 | Casing Pressure (Shut-in) 645 | Choke Size 3/4" |

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.

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

September 4, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 5 1980

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

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, this form must be accompanied by a tabulation of the deviation 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 only Sections I, II, III, and VI 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 multiple completed wells.