



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

GARREY CARRUTHERS
GOVERNOR

May 11, 1988

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Exxon Corporation
P. O. Box 1600
Midland, TX 79702

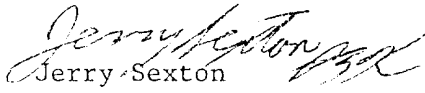
Re: Packer Leakage Test
New Mexico "S" State No. 37-C
Section 2, T-22-S, R-37-E

We are returning herewith packer leakage test on your New Mexico
"S" State, 37-C, 2-22-37.

Please repair this well and submit another packer leakage test.

Yours very truly,

OIL CONSERVATION DIVISION


Jerry Sexton
Supervisor, District I

JS:ds

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EXXON COMPANY U.S.A.		Lease NEW MEXICO "S" STATE		Well No. 37		
LOCATION OF WELL	Unit C	Sec. 2	Twp. 22S	Rge. 37E	County LEA	
	NAME OF RESERVOIR OR POOL		TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. FLOW, ART LIFT	PROD. MEDIUM (Tub or Csg)	CHOKES SIZE
Upper Completion	wants ABO		OIL	F	TBG	32/64"
Lower Completion	wants GRANITE WASH		OIL	P	TBG	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 0800 HRS 4-13-88

Well opened at (hour, date): 1030 HRS 4-14-88

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	305	310
Stabilized? (Yes or No)	NO	NO
Maximum pressure during test	305	310
Minimum pressure during test	40	110
Pressure at conclusion of test	40	125
Pressure change during test (Maximum minus Minimum)	265	200
Was pressure change an increase or a decrease?	DECREASE	DECREASE

Well closed at (hour, date): 0730 HRS 4-15-88 Total Time On Production 21 HRS

Oil Production Gas Production
During Test: _____ bbls; Grav. _____: During Test _____ MCF; GOR _____

Remarks: _____

(Continue on reverse side)

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):	0800 HRS 4-16-88	
Indicate by (X) the zone producing		X
Pressure at beginning of test	310	310
Stabilized? (Yes or No)	NO	YES
Maximum pressure during test	310	310
Minimum pressure during test	110	35
Pressure at conclusion of test	120	40
Pressure change during test (Maximum minus Minimum)	200	275
Was pressure change an increase or a decrease?	DECREASE	DECREASE
Well closed at (hour, date):	0700 HRS 4-17-88	
Oil Production During Test:	6.0 bbls; Grav. 39.6	Total Time On Production 23 HRS
		Gas Production During Test 9.2 MCF; GOR 15.3
Remarks:	PACKER LEAKAGE TEST INDICATES COMMUNICATION. A WORKOVER WILL BE PERFORMED TO CORRECT THE PROBLEM.	

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

Approved: _____ 19 _____
New Mexico Oil Conservation Division

Operator EXXON COMPANY U.S.A.

By M. C. Wilson

By _____

Title OPERATIONS SUPERINTENDENT

Title _____

Date 5-4-88

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 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 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 well-head 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 dead-weight 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 within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Division on Southeast New Mexico Packer Leakage Test Form Revised 11-01-59, together with the original pressure recording gauge charts with all the dead-weight pressures which were taken indicated thereon. At the time 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 dead-weight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's file. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil test unit period.

LEASE
FIELD
N.M. St. S
BOS

CANNITE Unit

METHOD OF PRODUCTION
(CHECK ONE)
PUMP ☐ FLOW ☐ LIFT ☐

WELL NO.
37L

TYPE TEST
G.O.R. + Pressure Test

TEST DAY ALLOW.
SCHED. DAY ALLOW.

ARTIFICIAL LIFT (CHECK ONE)
CENT. ☐ PROD. ☒ PLUNGER ☐ HYD. ☐ KORE ☐ OTHER ☐

FORS TAG INFORMATION

KP ONLY	TEST DATE	ELAPSED TEST TIME	STATUS	METHOD	TYPE TEST	ALLOW TYPE	DAYS OFF PROD.	LENGTH OF STROKE	STROKES PER MINUTE	PUMP SIZE INCHES	PUMPED DURING TEST HRS MIN
1 2 3	4 5 6 7 8 9 10	11 12	13 14 15 16 17 18	19 20 21 22 23 24 25	26 27 28 29	30 31 32 33	34 35	36 37 38	39 40 41 42 43	44 45 46 47	48 49 50 51
A 0 1	1 6			4 16 88	24 00				144	80	1 25

OIL OR GAS WELL PRODUCTION

KP ONLY	TEST OIL OR CONDENSATE (BBL/S)	TOTAL FLUID (BBL/S)	TEST WATER (BBL/S)	OIL OR COND. GRAV.	OIL OR COND. TEMP.	FLUID CHOKE SIZE	TUBING PRESSURE	BEGINNING CASING PRESSURE	ENDING CASING PRESSURE	TAP PRESSURE	SHUT-IN WELLHEAD PRESSURE
1 2 3	4 5 6 7 8 9 10	11 12	13 14 15 16 17 18	19 20 21 22 23 24 25	26 27 28 29	30 31 32 33	34 35	36 37 38	39 40 41 42 43	44 45 46 47	48 49 50 51
A 0 2	6 0 10	8 0 13	2 0 12	39 1	6 5	51 52 53 54	55 56 57 58 59	60 61 62 63 64	65 66 67 68 69	70 71 72 73 74	75 76 77 78 79 80

OUTPUT GAS OR GAS WELL DATA

KP ONLY	LINE SIZE	PLATE SIZE	SPRING SIZE	DIFF. RANGE	AVG. RED (DIFF)	AVG. BLUE (STAT)	OUTPUT GAS VOLUME (MCF)	GAS GRAV.	ART. LIFT	PRIME MOVER	HIS COMMENTS
1 2 3	4 5 6 7 8 9 10	11 12	13 14 15 16 17 18	19 20 21 22 23 24 25	26 27 28 29	30 31 32 33	34 35 36 37 38	39 40 41 42 43	44 45 46 47 48 49 50	51 52 53	54 55 56 57 58 59 60
A 0 3	4 0 26	2 50	1 00	1 00	4 0	6 5	46 47 48 49 50	51 52 53	54 55 56 57 58 59	60 61 62 63 64	65 66 67 68 69 70

INPUT GAS

KP ONLY	INTERMITTER TIME HRS MIN	INTERMITTER INTERVAL HRS MIN	INPUT LINE PRESSURE	CHOKE SIZE	LINE SIZE	PLATE SIZE	SPRING SIZE	DIFF. RANGE	AVG. RED (DIFF)	AVG. BLUE (STAT)	GAS LIFT VOLUME (MCF)	CONTROL TOTAL OR
1 2 3	4 5 6 7 8 9 10	11 12	13 14 15 16 17 18	19 20 21 22 23 24 25	26 27 28 29	30 31 32 33	34 35 36 37 38	39 40 41 42	43 44 45 46	47 48 49 50	51 52 53 54	55 56 57 58 59 60
A 0 4	26 27 28 29	30 31 32 33	34 35 36 37 38	39 40 41 42	43 44 45 46	47 48 49 50	51 52 53 54	55 56 57 58 59	60 61	62 63	64 65 66 67 68	69 70 71 72 73 74 75 76 77

FOR DISTRICT USE ONLY

LOGGED IN
TO ENGINEER
REC'D

APR 27 1988

ENGINEERS OKAY
LOGGED OUT
TO R & R ACTG.

HIS COMMENTS

CODES

TYPE TEST

ALLOWABLE TYPE

CHOKES

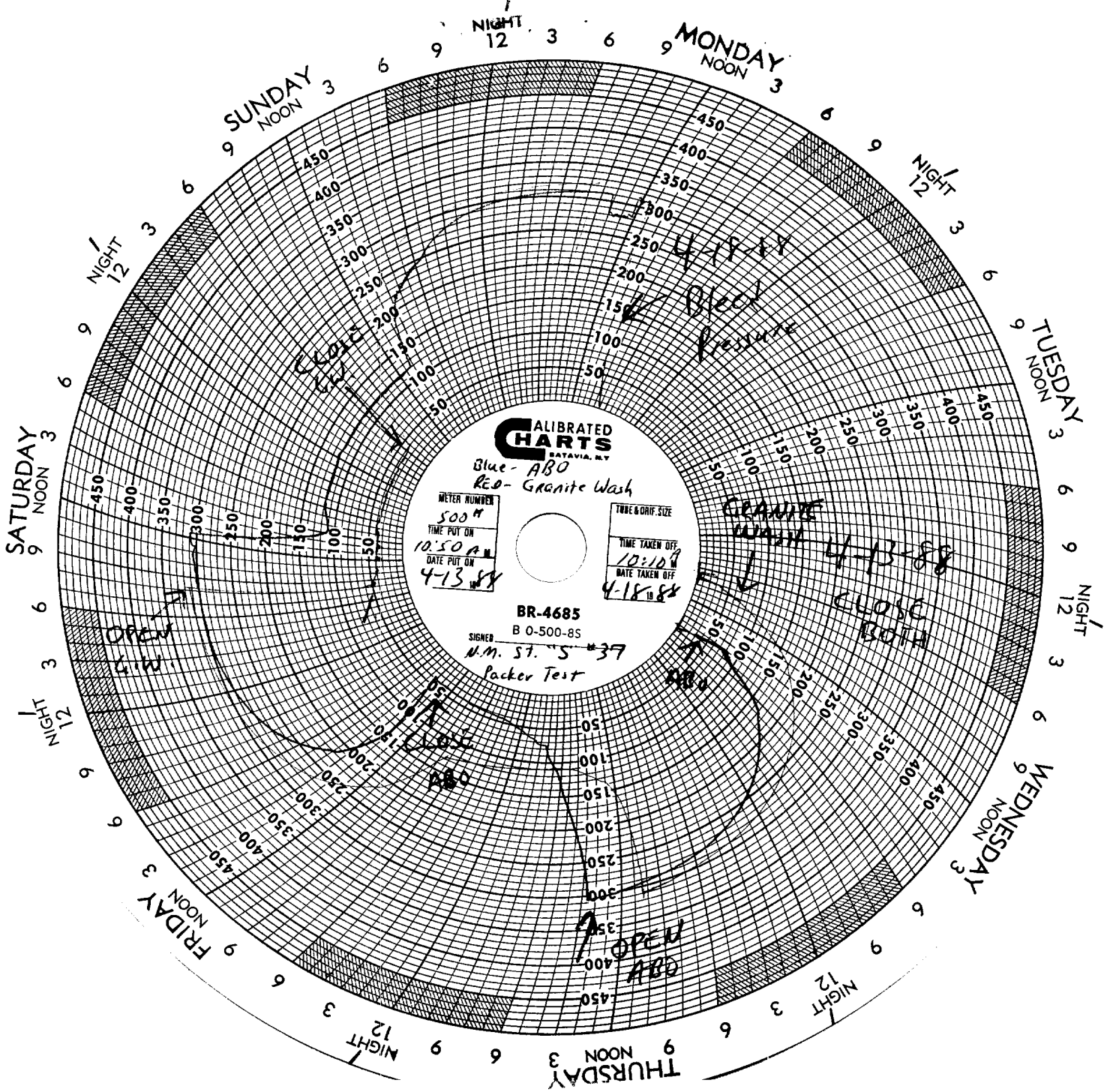
ARTIFICIAL LIFT

PRIME MOVER

OTHER

SIGNATURE

[Signature]





4-10 ft

4-17-88

4:10/6.5