

County _____
State _____

Box 68, Arkla, Nbn 88240

TYPE OF
TEST - (X)

☐ Scheduled

Conclusion

12
11
10
9
8
7
6
5
4
3
2
1

LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	STATES	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU.FT./BBL.
		U	S	T	R							WATER BBL.S.	GRAV. OIL BBL.S.	GAS M.C.F.		
pipe So. Dup Unit	4	G	32	17	29	10-15-84 P				17	24	0	24	127	529	
gas not allowable increase.																

RECEIVED BY
NOV 27 1984
O.C.D.

! equal allowable increase.

All original and one copy of this report to the district office of the New Mexico Oil Conservation Division in accordance with Rule 101 and appropriate pool rules.

Denita Cole

Administrative Details

11-19-84