



Chevron U.S.A. Inc.

P.O. Box 670, Hobbs, NM 88240

OIL CONSERVATION DIVISION
RECEIVED

R. C. Anderson
Division Manager
Production Department
Hobbs Division

JAN 5 AM 8 51

RECEIVED

DEC 20 '89

O. C. D.
ARTESIA, OFFICE

December 19, 1989

EDDY "D" FEDERAL COM NO. 1
SECTION 20-T18S-R31E
EDDY COUNTY, NEW MEXICO

Energy, Minerals and Natural Resources Dept.
Oil Conservation Division
P.O. Drawer DD
Artesia, New Mexico 88210

Attn: Mike Williams, Division Supervisor

Dear Sir:

Attached is the requested information on the Eddy "D" Federal Com. #1 in reference to the recent packer leakage test failure and subsequent leak repair requirement dated November 30, 1989.

Chevron is continuing to explore any and all feasible options to comply with Oil Conservation Division regulations while trying to conserve our remaining recoverable reserves. Per your December 19, 1989 telephone conversation with Jim Tupman, no temporary or permanent packer leak repair action will be taken prior to a response from your office. Your assistance and recommendations in this matter are greatly appreciated.

Should you require further information concerning this matter, please feel free to contact Jim Tupman at (505) 393-4121, Ext. 284.

Yours very truly,

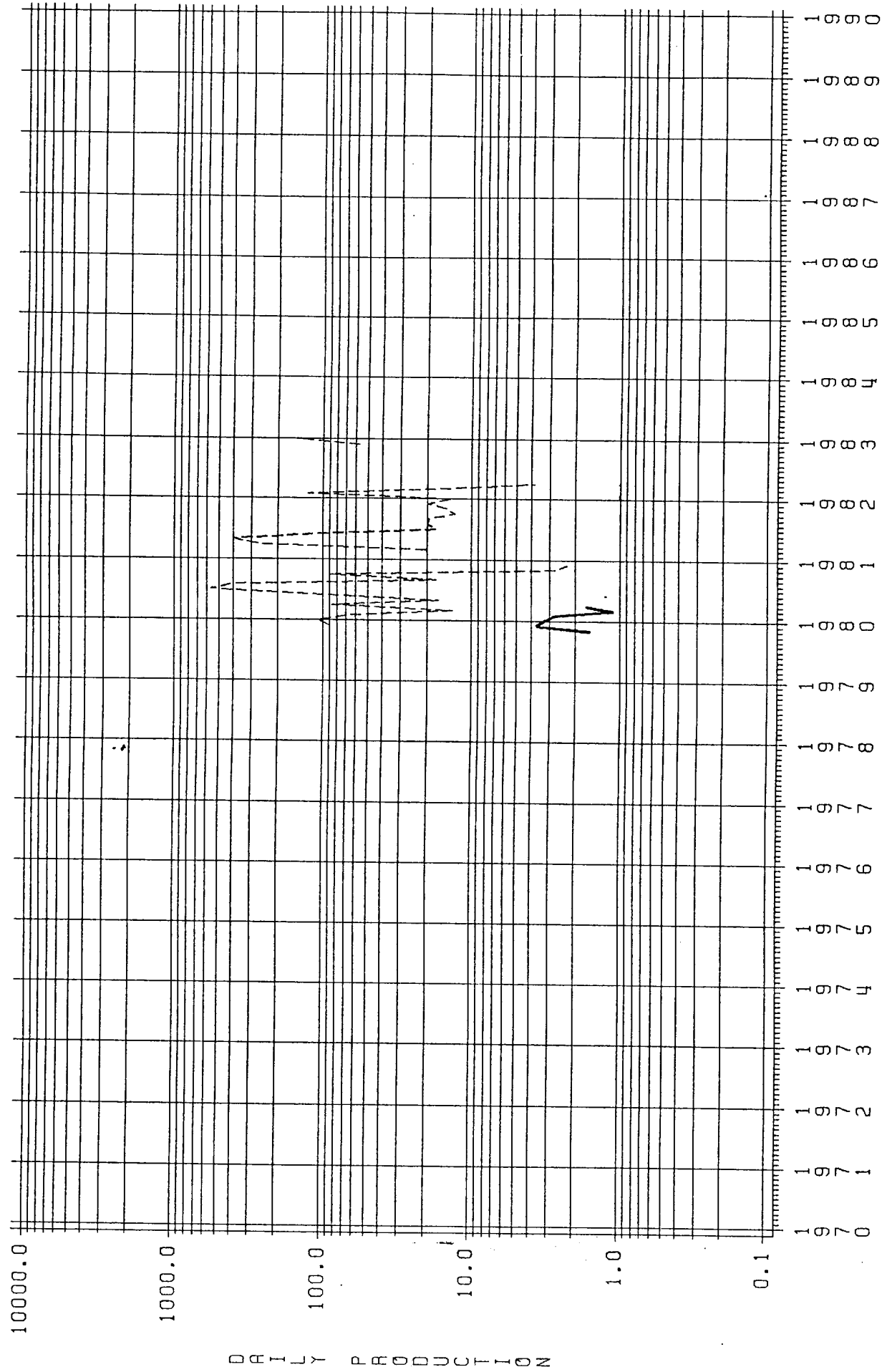
R. C. Anderson
R. C. Anderson

JMT/sad 12199/02

RATE VS. TIME PLOT

FD=SHUGART NORTH LS=EDDY D FEDERAL COM WELLNO=001 OP=CHEVRON U.S.A. INC.

Worlcor



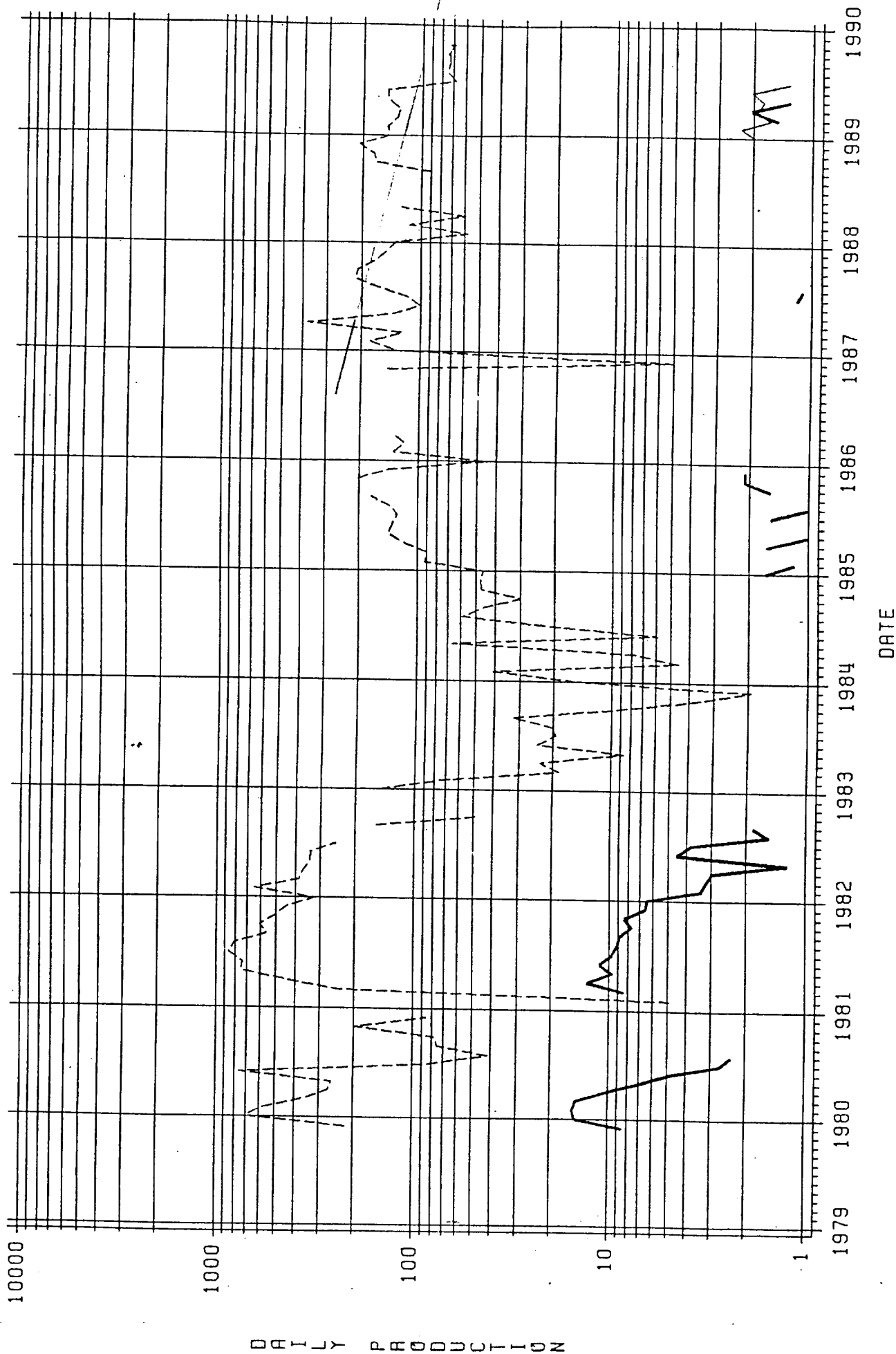
DATE

HEAVY SOLID LINE=BOPD
SOLID LINE=BWPD
LIGHT DASHED LINE=MCFD

9707-1A

FD=SHUGART NORTH LS=EDDY D FEDERAL COM WELLNO=001 OP=CHEVRON U.S.A. INC.

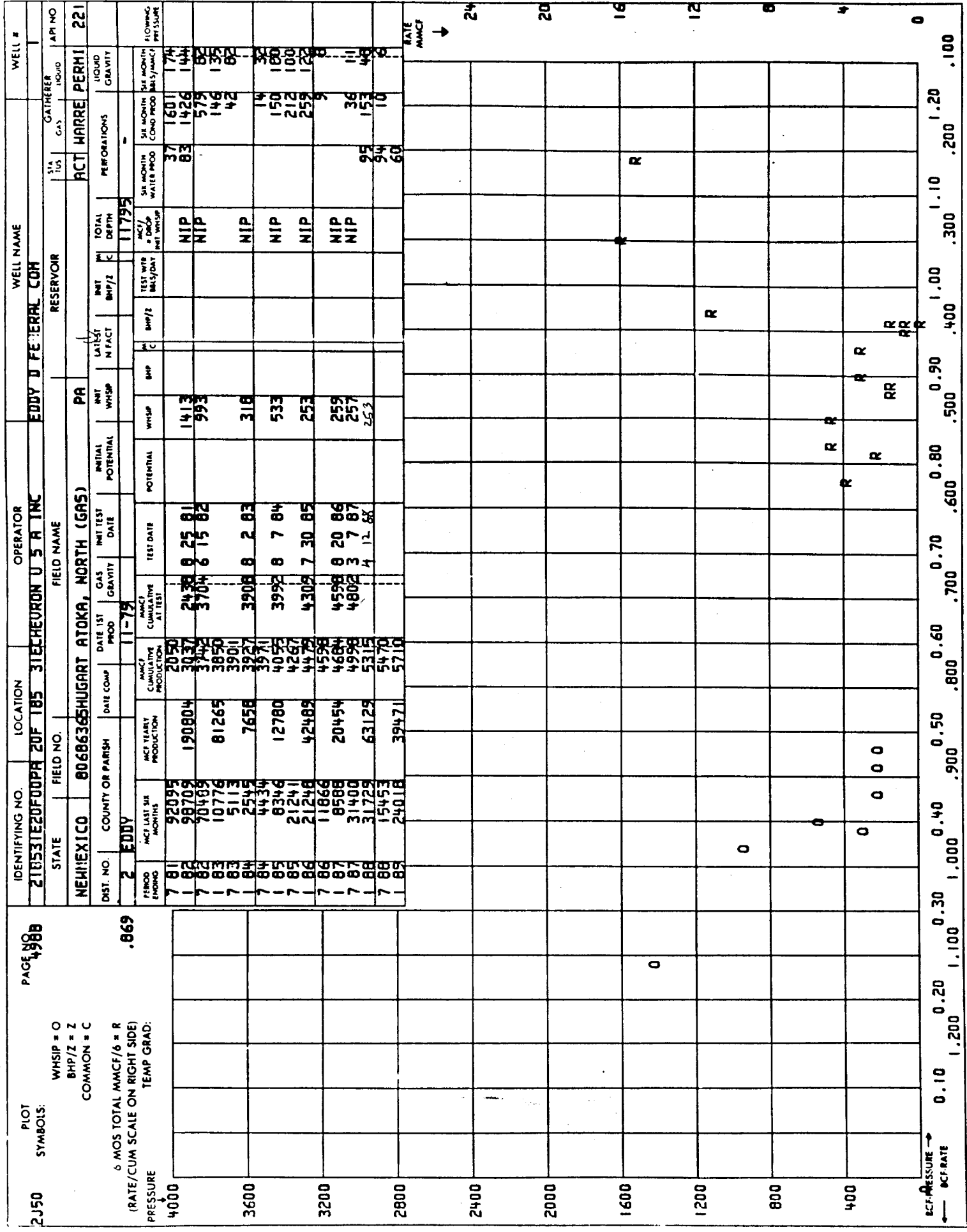
P.I. DATA BASE



OPERATOR	WELL NAME		WELL #
EDDY D FEDERAL COH			1
D NAME	RESERVOIR	STAIN GAS	GATHERER LOGIC
BIRTH (GAS)	PM	INA	PERM12130

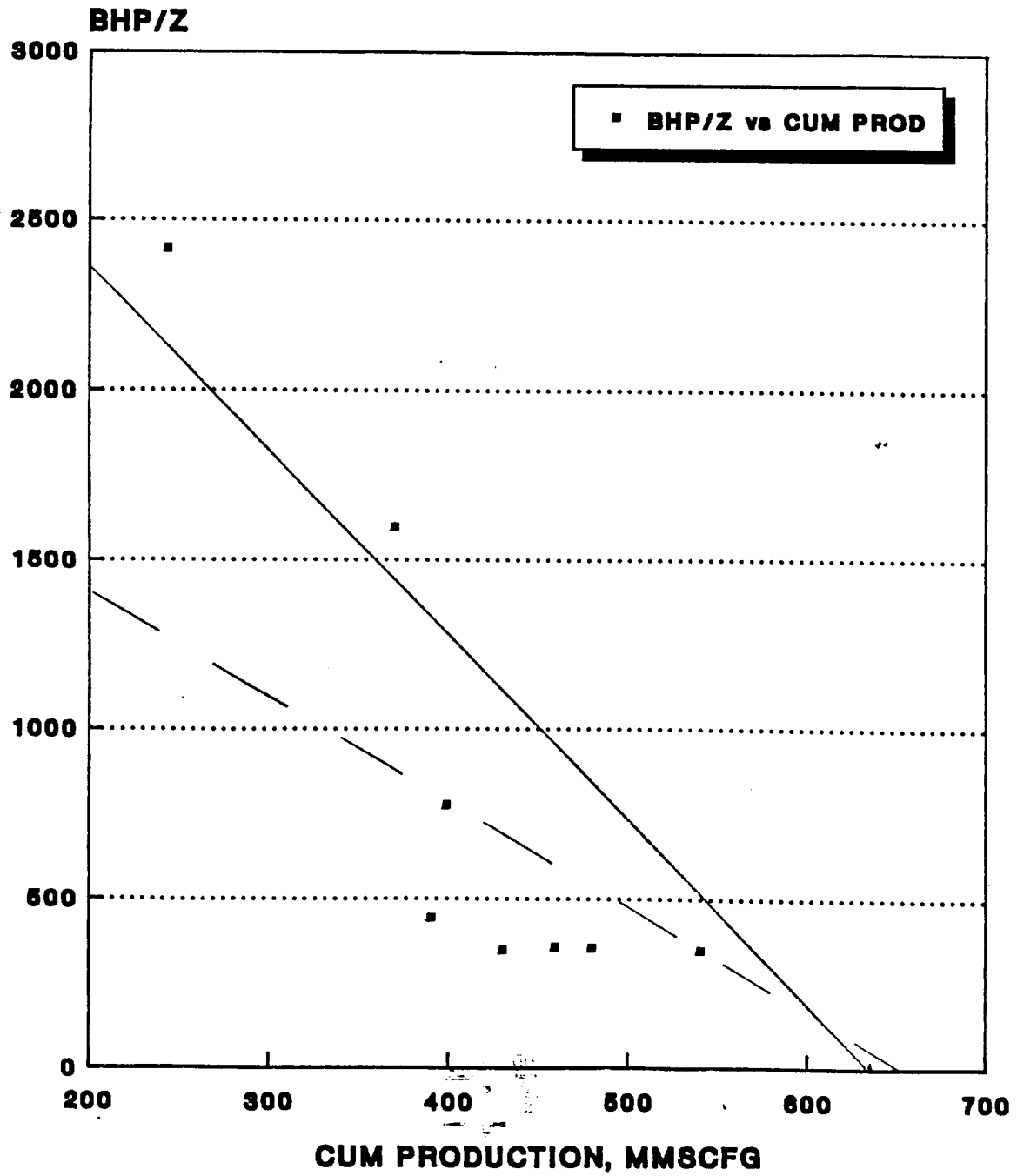
6 MOS TOTAL MMCT/6 = R
(RATE/CUM SCALE ON RIGHT SIDE)
PRESSURE TEMP GRAD:

[illegible]



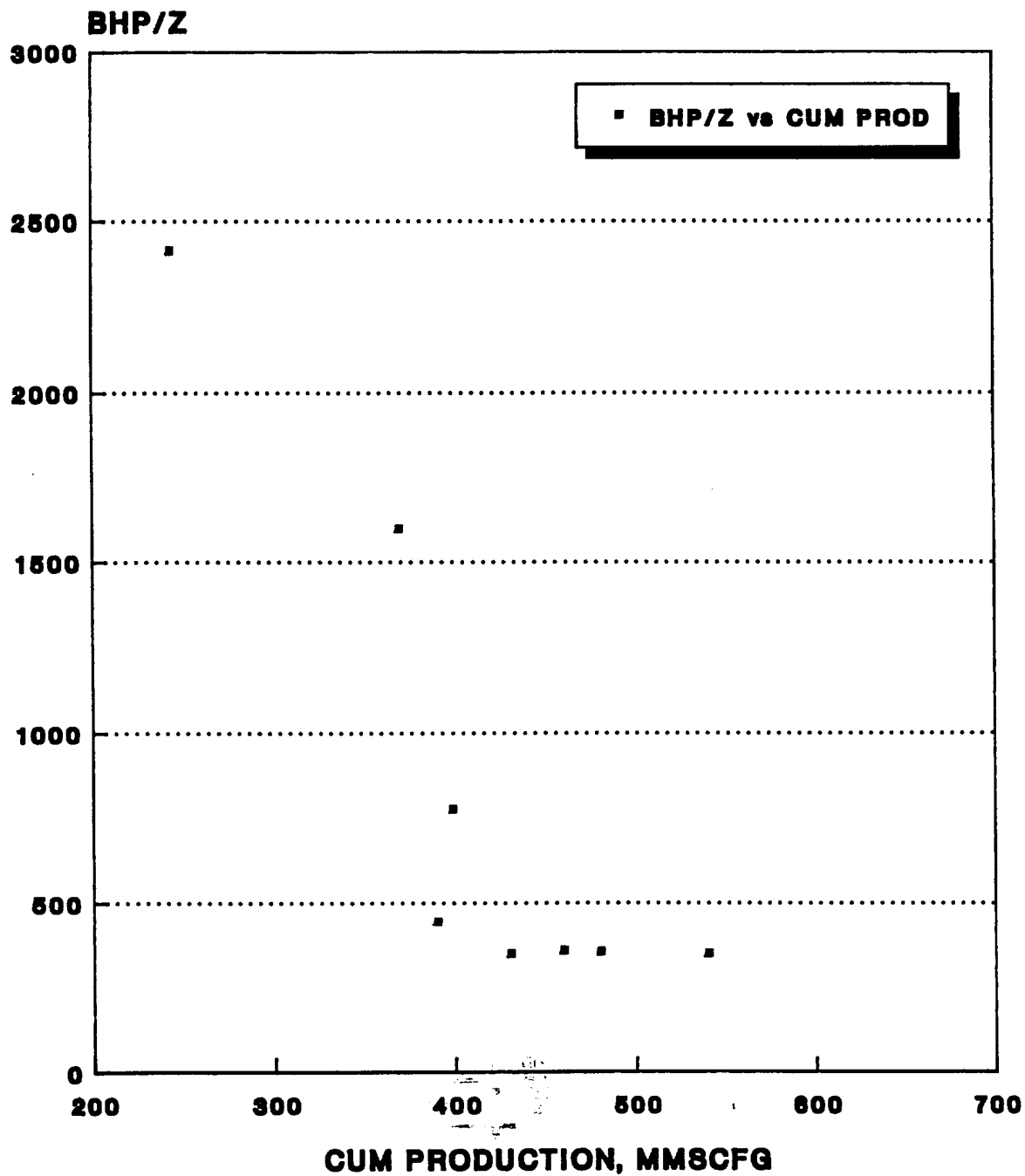
EDDY "D" FEDERAL # 1

BHP/Z vs CUM PRODUCTION



EDDY "D" FEDERAL # 1

BHP/Z vs CUM PRODUCTION



NORTH SHUGART MORROW
NORTH SHUGART ATOKA (EDDY, NM)
Eddy "D" Federal Com #1
AFE: None None
GI: 44.31%

FEB 03 1981

11,748' PB (Set Comp) Start compresso
on Atoka & Morrow. Atoka TP 100#,
217 MCF, LP 600#. Morrow TP 100#,
0 MCF, LP 600#. LISENBEE
OFF REPORT

Location 1980 FNL 1980 FWL Sec 20-185-31 E
UNIT F

County Edley State NM

GLE: 3633'

KDB:
H = 20'

New well Completion

Initial Comp. Date: _____

Producing Formation: _____

Proposed

Zone	Comp. Date	Date Aban

Treatment History: (Current Zone) _____

133/4" 61548# J-555#40
Set @ 620' w/ 5505MS
TUC?

Du tool @ 1035'

Lynes Csg. pkr. @ 1084'

97/8" OD ? # Grade ?

Set @ 4505' w/ 2 sxs

Top of Cmt @ ? by:

1st stage 1600 sxs Howco

Lite & tailed w/ 900" H' Neat;

Circ. 300 sxs 1st stage Cmt.

2nd stage

Set external pkr. No flow

Cmt w/ 100" C' Neat;

23/8" 4.7# N-80 8rd th.
w/ 60' - 3 1/4" Blast joints across
Atoka Perfs.

23/8" 4.7# N-80 CS-Hydril

23/8" N-80 8rd sub w/

1.791" profile nipple below

Dual pkr. on ss side to set

pkr. with. Notes: 23/8" 8rd pin x 23/8" CS-Hydril box yd required on

bottom & 23/8" CS-Hydril x 23/8" 8rd double pin sub

Required on top.

8.5# packer fluid.

29KDL FW w/ additives

Producing History: _____

Formation: _____

Otis "RDH" Dual packer @ apx
11,050' w/ 1.791" profile nipple
5" latch on stinger.

Atoka perfs 11,114' - 11,144'
w/ 1/2" THPE

Last Test Dated: _____

BOPD BWPD

Fl.: _____ Calc. Ppg. Eff.: _____

Otis "WB" Packer @ apx. 11,500' w/ 5" latch
Real Assembly (Riland) & LONG left hand release on off tool
w/ 1.791" profile

Cum. Oil _____ Cum. Gas _____

Morrow Perfs 11,551-555, 11,572-
584, 11,605-617 & 11,632-640 w/ 1/2" THPE

7" OD 23 1/2" Grade 5-95 N-80 Remarks and Recommendation: _____

Set @ 11795' w/ 250 sxs "H"

Top of Cmt @ 9950 by TS

Csg from bottom up.

1433' 26# 5-95

10339' 23# N-80 241SC

Plug pumped w/ 9.0# water

113TD (FC) 11,720'

TD 11,795'

Dst #1 11,026' - 140'
ISI = 3308"

Dst #2 11,538' - 580'
ISI = 4997"

Dst #3 11,541' - 572'
ISI = 4890"

Prepared By: R. W. W. W.

OTIS COMPLETION GUIDE

OEC-217-A



OTIS ENGINEERING CORPORATION

GENERAL OFFICE: Belt Line Rd. at Webb Chapel
P. O. Box 34380, DALLAS, TEXAS 75234

A HALLIBURTON Company

PREPARED FOR MR. Worley COMPANY Gulf Oil TELEPHONE 7/23/79 DATE 7/23/79

FIELD NAME W.C. WELL NAME Eddy "D" Com. #1 COUNTY Eddy STATE N.M. ☒ NEW COMPLETION ☐ WORKOVER

CASING SIZE 7" WEIGHT 20 to 26 # GRADE THREAD DEPTH 11,900'

LINER SIZE WEIGHT GRADE THREAD DEPTH

☐ SAFETY EQUIPMENT ☐ GAS LIFT EQUIPMENT ☒ PACKERS AND ACCESSORIES
☐ COMPLETION EQUIPMENT ☐ POST COMPLETION EQUIPMENT

TUBING SIZE	UT	MT	LT	DESCRIPTION OF EQUIPMENT AND SERVICES	ESTIMATE
-------------	----	----	----	---------------------------------------	----------

1. Shear Disk

2. Otis 7" 20 to 26 # Perma-Drill Packer (6.06 O.D. X 3.25 I.D.) (212WB 7011) 1,326.00

3. Otis J-Latch Seal Unit
(a) J-Latch (212B 7068) 455.00
(b) Seal Units 2 (212EB 7004) #181.00 326.00
2 3/8 EVE Pin down N.

4. Otis 7" X 2" Overshot Tubing Seal Divider w/ 2" N-Nipple Profile with 1.791 No. 60 (212SD 7053) 2,335.00

5. Customer 2 3/8 EVE N-80 Tubing
2 3/8" CS-Hydril thru N 55 side w/ X-O's
6. Customer Blast Joints

7. Otis 7" 20 to 26 # Dual Hydraulic Packer 5,172.00
Screwed on long string, J-Latch on the short string. Short string set with 1.94 I.D. on both strings (12RDH 7013)

A. 2 3/8 EVE Otis N-Nipple w/ 1.791 No 60 (11N12) 341.00

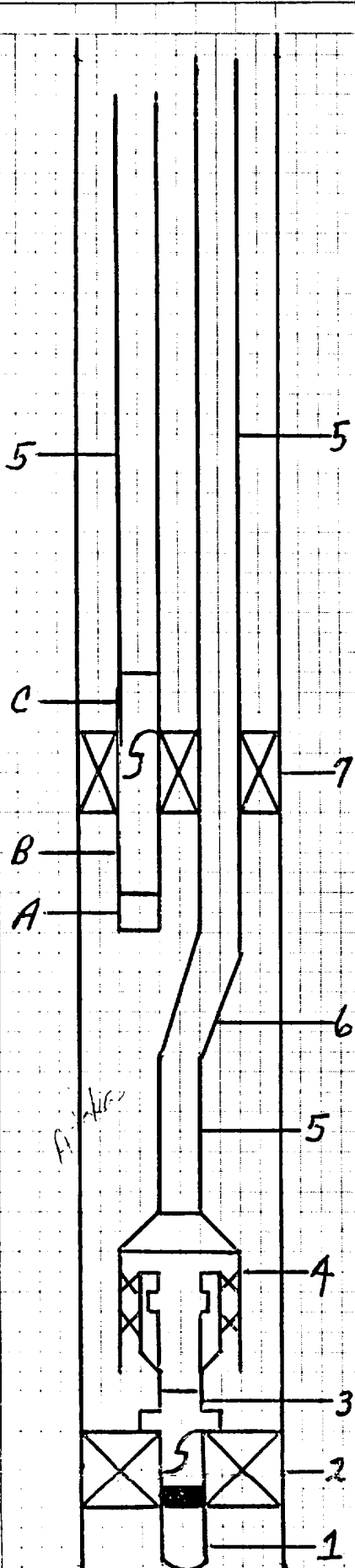
B. 2 3/8 EVE X 6 ft N-80 Pup Joint

C. Otis J-Latch Seal Unit

TOTAL ESTIMATE 10,155.00

COMPLETION PROCEDURE

PREPARED BY Ernest Stearnes OFFICE Hobbs TELEPHONE 392-7581
WELL NAME Eddy "D" Fed Com #1 FIELD NAME WC. DATE 7/23/79



Pin down N.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC.</u>		Lease <u>EDDY "D" FED. Com.</u>			Well No. <u>1</u>	
Location of Well	Unit <u>F</u>	Sec. <u>20</u>	Twp <u>18</u>	Rge <u>31</u>	County <u>EDDY</u>	
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (1bg. or Csg)	Choke Size	
Upper Compl	<u>NORTH SHUGART ATOKA</u>		<u>GAS</u>	<u>Flow</u>	<u>TBG.</u>	<u>W-O</u>
Lower Compl	<u>NORTH SHUGART MORROW</u>		<u>GAS</u>	<u>STANDING</u>	<u>TBG.</u>	<u>C.I.</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11-25-89 11:45 AM

Well opened at (hour, date): 11-26-89 11:45 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>990</u>	<u>1055</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>990</u>	<u>1055</u>
Minimum pressure during test.....	<u>410</u>	<u>490</u>
Pressure at conclusion of test.....	<u>960</u>	<u>1050</u>
Pressure change during test (Maximum minus Minimum).....	<u>580</u>	<u>565</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>11-27-89</u>	Total Time On Production <u>24</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>187.0</u>	MCF; GOR _____
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date) _____	Total time on Production _____	
Oil production During Test: _____ bbls; Grav. _____	Gas Production During Test _____	MCF; GOR _____
Remarks _____		



OPERATOR CERTIFICATE OF COMPLIANCE

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

CHEVRON USA INC

Operator

Signature

G. N. GARCIA

Printed Name

PRODUCTION
SPECIALIST

OIL CONSERVATION DIVISION

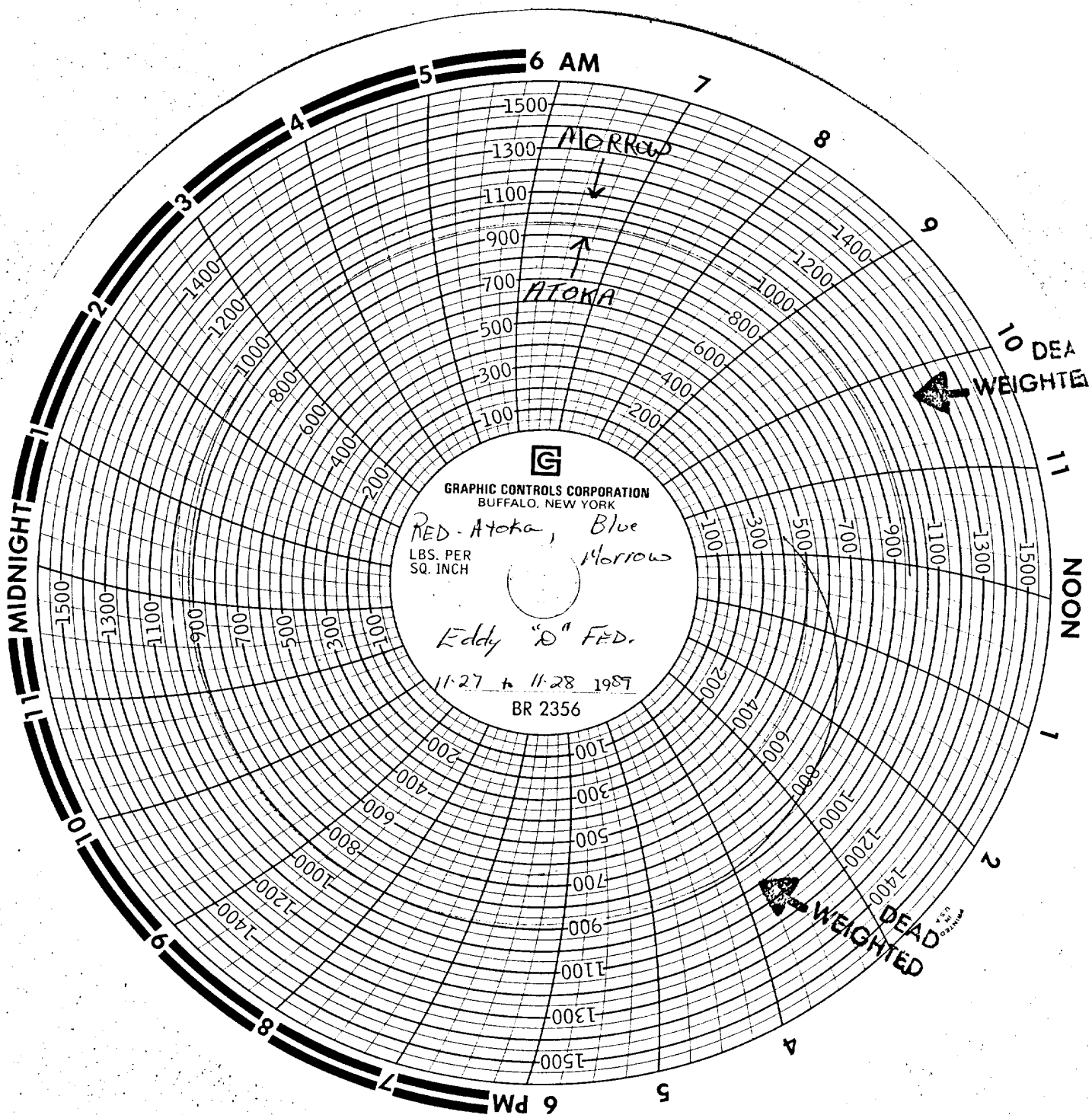
Date Approved _____

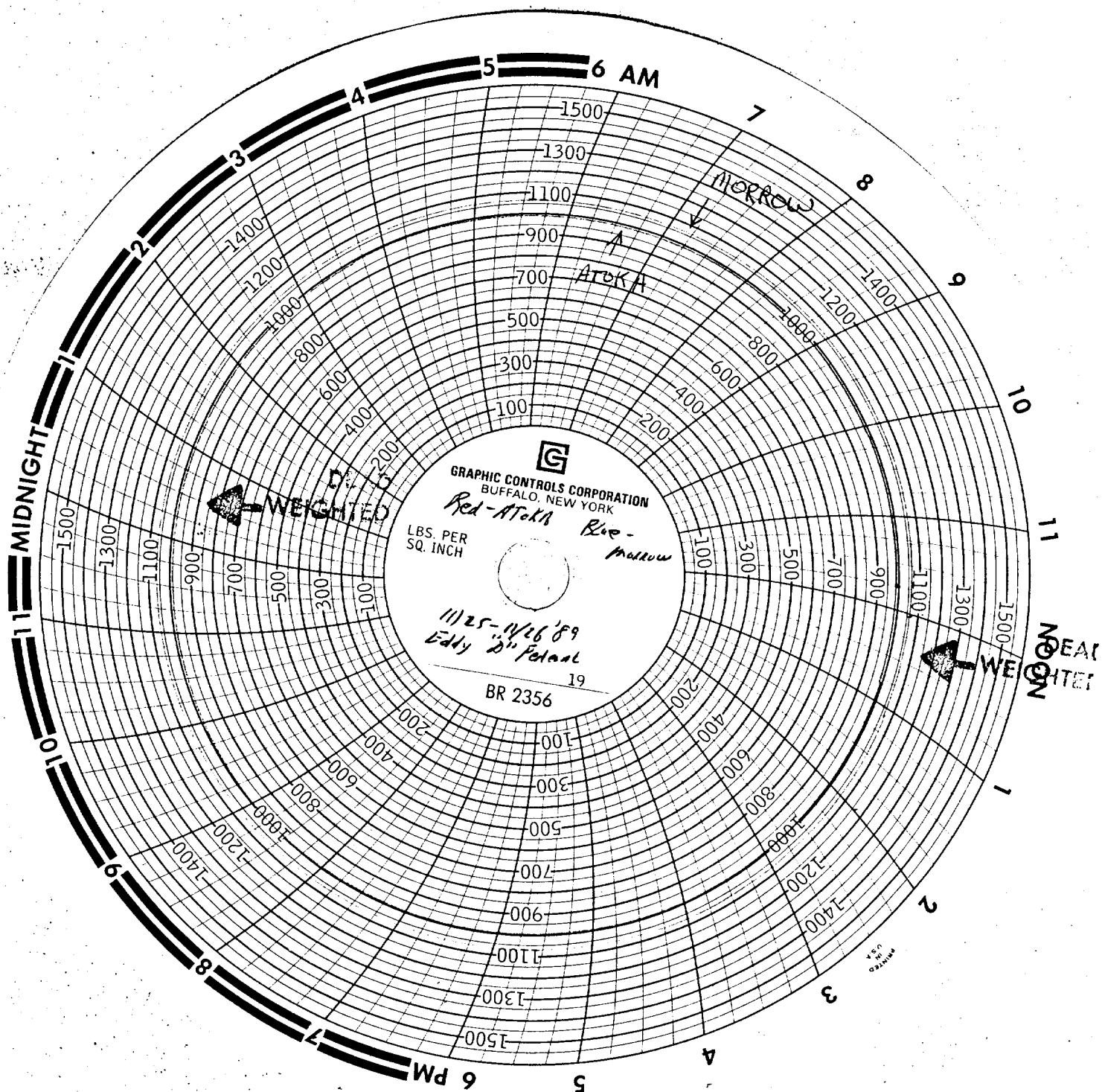
By _____

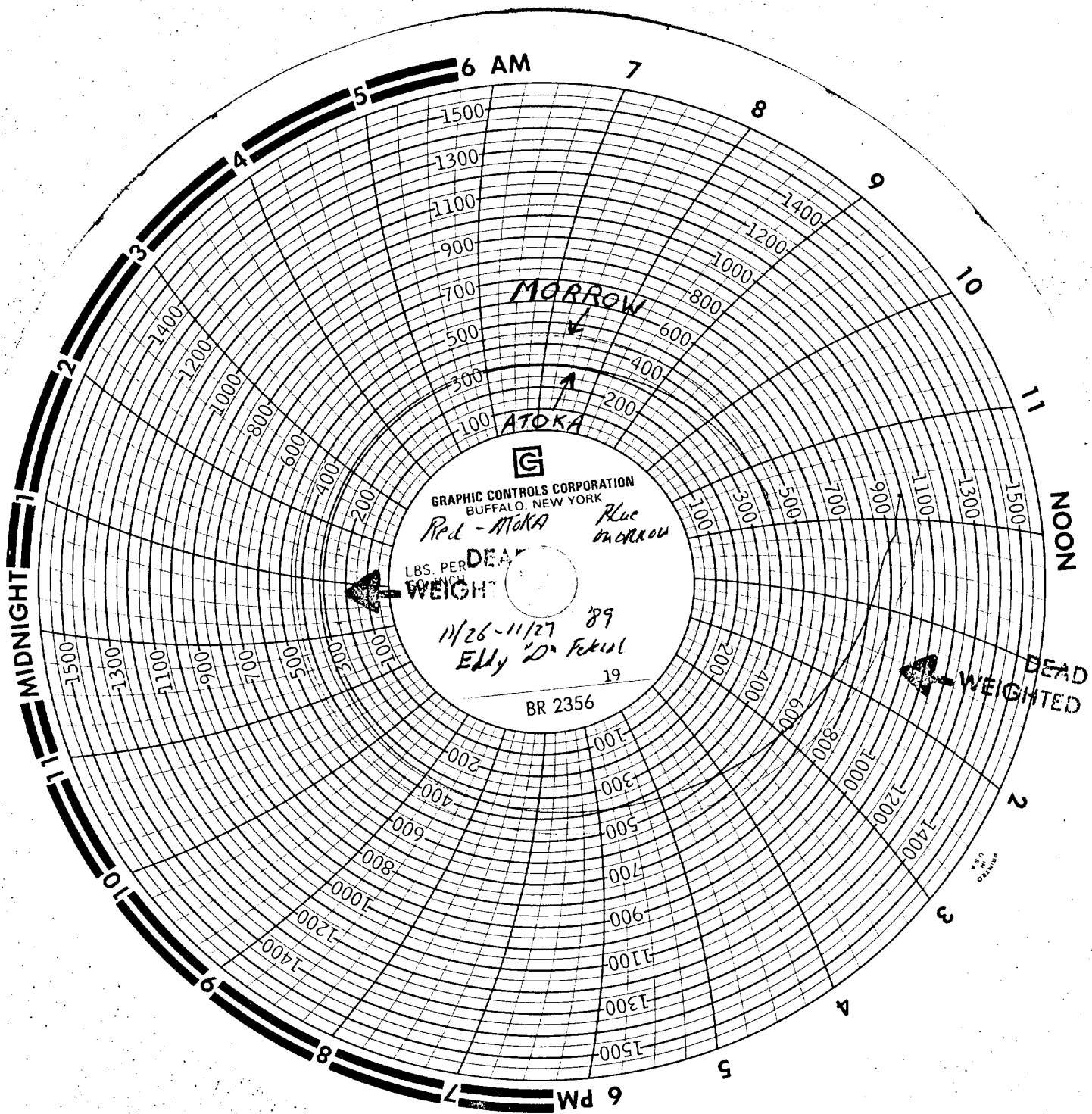
Title _____

INSTRUCTIONS FOR SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

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 test 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 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 wellhead pressure has become stabilized and for 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 deadweight 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 in triplicate 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 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.









GARREY CARRUTHERS
GOVERNOR

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE

P.O. DRAWER DD
ARTESIA, NEW MEXICO 88210
(505) 748-1283

November 30, 1989

Chevron U.S.A. Inc
P.O. Box 670
Hobbs, NM 88240

Re: Eddy D Fed Com #1 F-20-18-31

Gentlemen,

According to our interpretation of the recently submitted
Packer Leakage Test on the subject well, the chart indicates
a leak.

The leak needs to be repaired with the next thirty days.

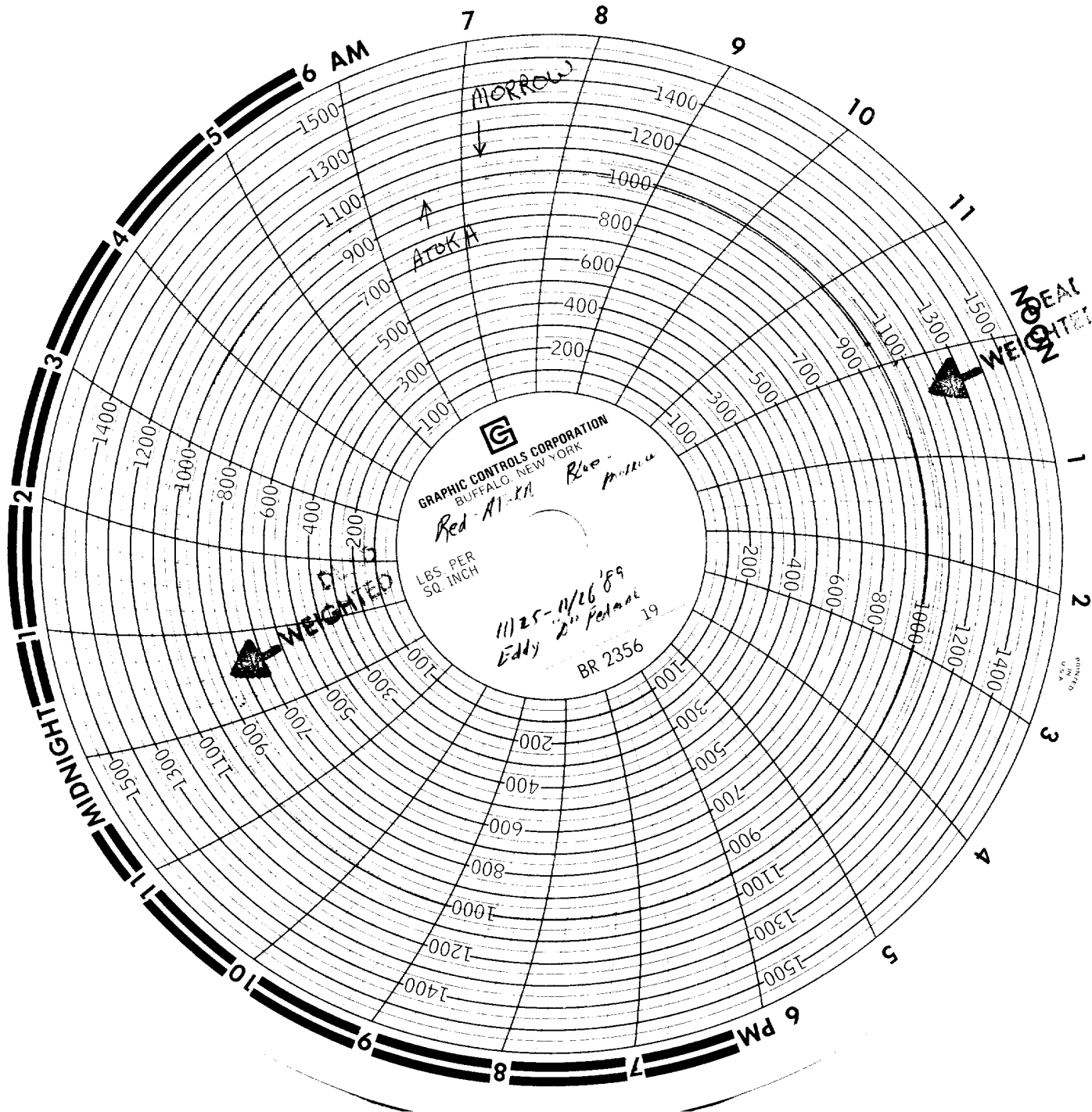
Please notify this office 24 hours prior to starting repair
work.

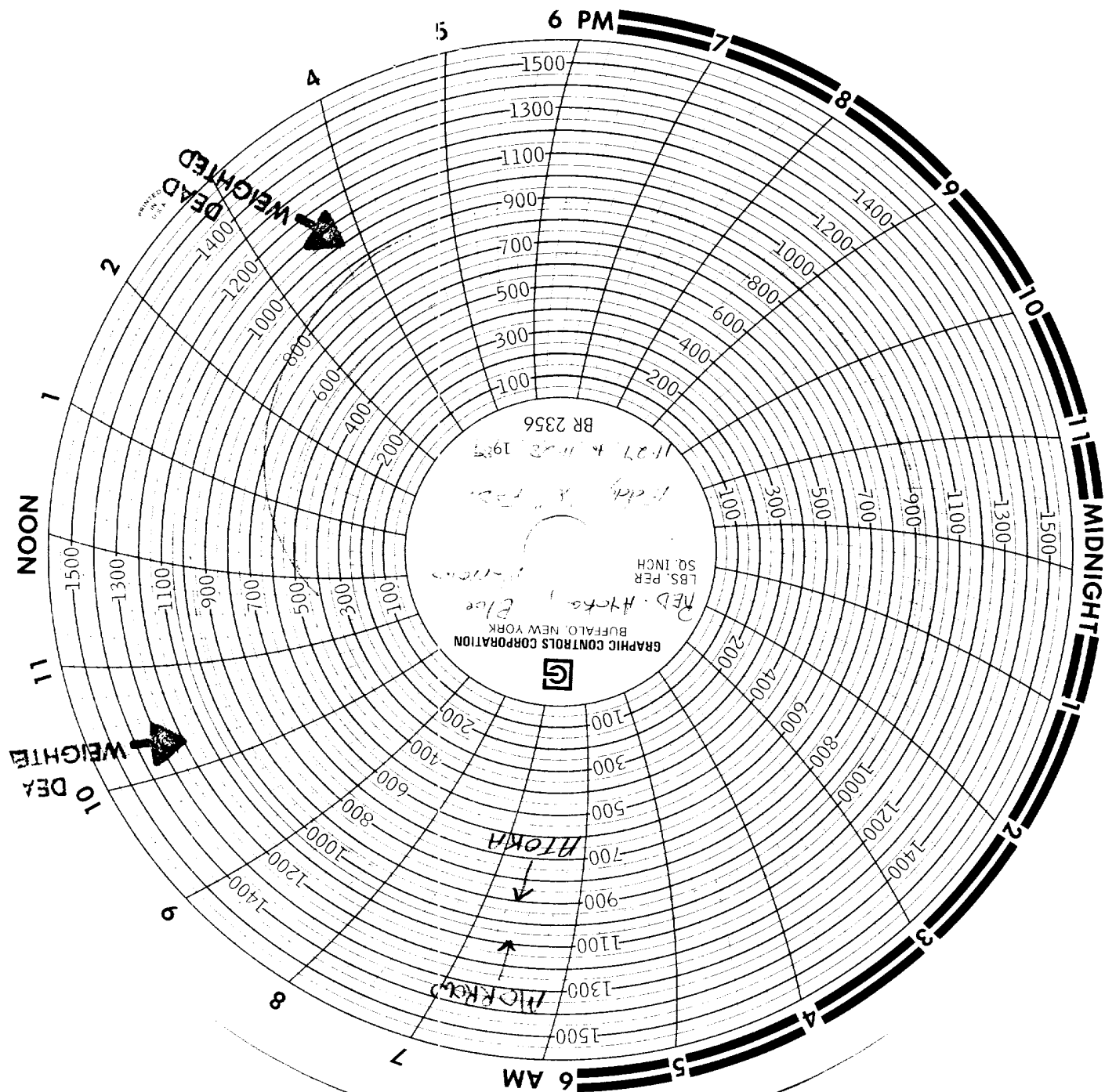
Sincerely,

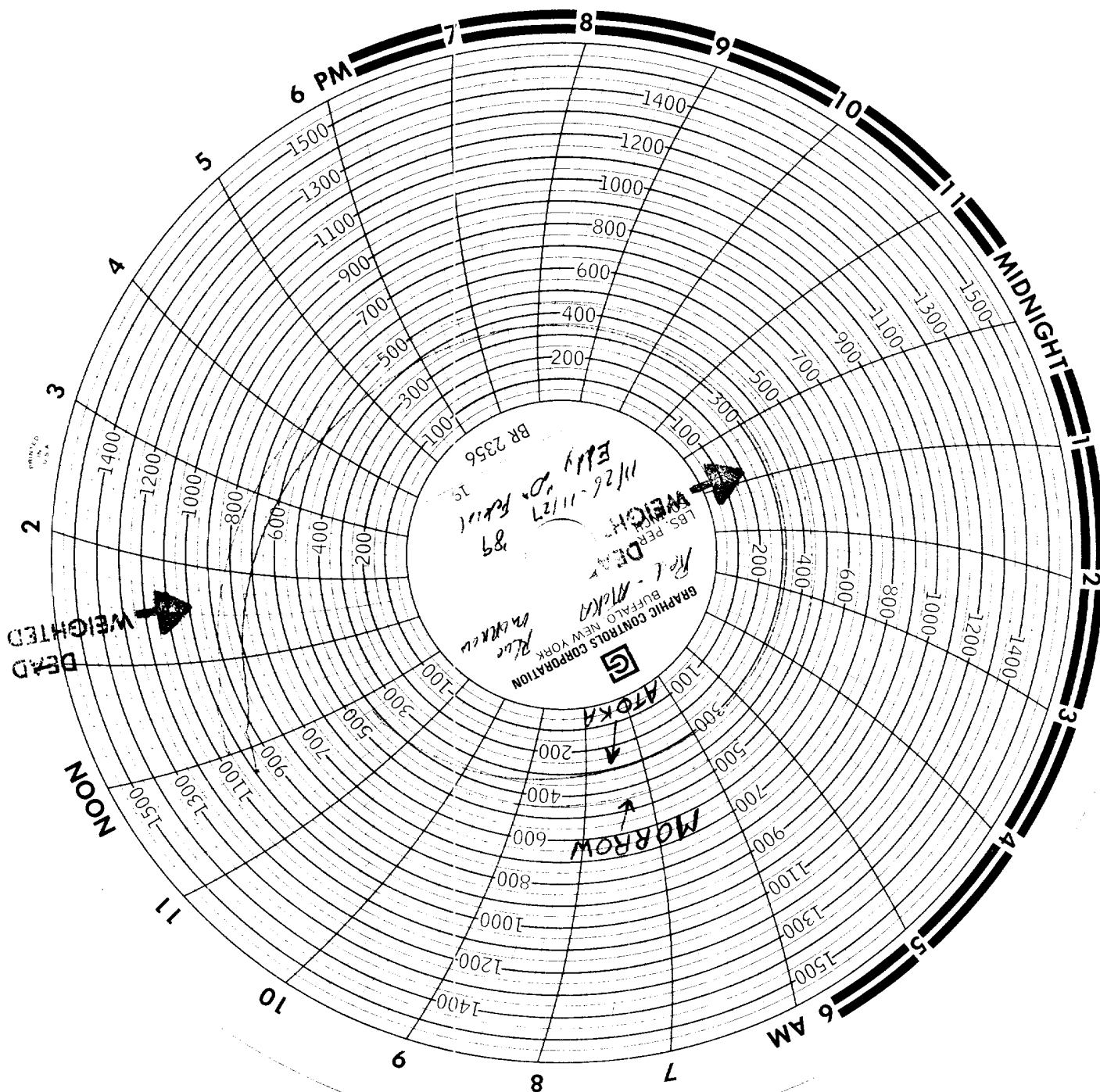
A handwritten signature in cursive script that reads "Johnny Robinson".

Johnny Robinson
Field Rep, District II

JR;br







DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OCT -2 '89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC</u>			Lease <u>EDDY "D" FED Pom</u>			Well No. <u>1</u>	
Location of Well	Unit <u>F</u>	Sec. <u>20</u>	Twp <u>18</u>	Rge <u>31</u>	County <u>EDDY</u>		
	Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
Upper Compl	<u>NORTH SHUGART ATOKA</u>		<u>GAS</u>	<u>FLOW</u>	<u>TBG</u>	<u>W-O</u>	
Lower Compl	<u>NORTH SHUGART MORROW</u>		<u>GAS</u>	<u>STANDING</u>	<u>TBG</u>	<u>CI</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9-25-89 11:30 AM

Well opened at (hour, date): 9-26-89 11:30 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>1025</u>	<u>900</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>1025</u>	<u>900</u>
Minimum pressure during test.....	<u>200</u>	<u>600</u>
Pressure at conclusion of test.....	<u>1050</u>	<u>975</u>
Pressure change during test (Maximum minus Minimum).....	<u>850</u>	<u>375</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>9-27-89</u>	Total Time On Production <u>24</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>59.0</u> MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date) _____	Total time on Production _____	
Oil production During Test: _____ bbls; Grav. _____	Gas Production During Test _____ MCF; GOR _____	
Remarks _____		

OPERATOR CERTIFICATE OF COMPLIANCE

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

CHEVRON USA INC.

Operator

A.L. Alexander

Signature

A.L. Alexander

Printed Name

PRODUCTION
SPECIALIST

Title

OIL CONSERVATION DIVISION

Date Approved _____

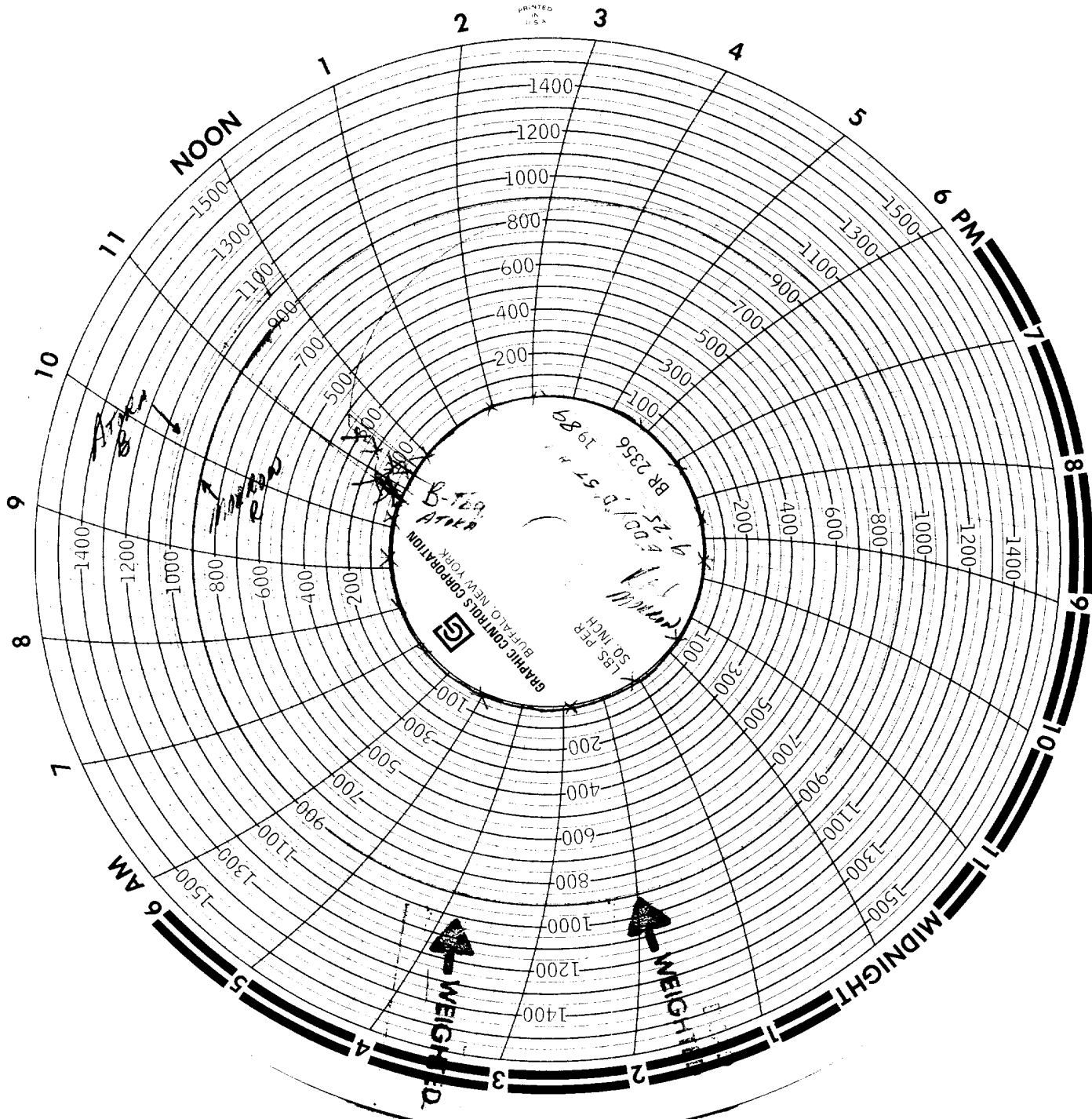
By _____

Title _____

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5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
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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 deadweight 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 in triplicate 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 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

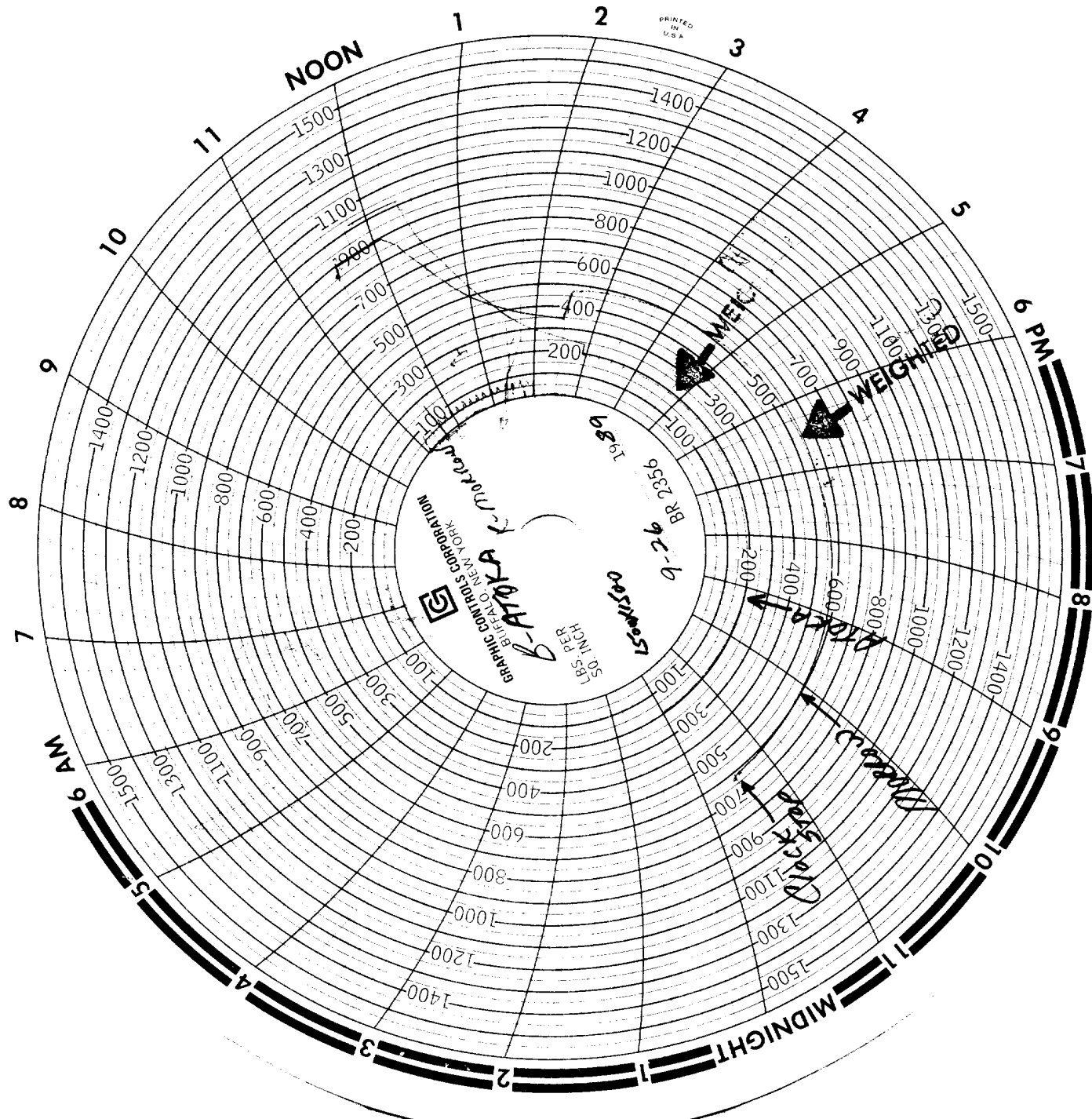
PRINTED
IN
U.S.A.



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OCT - 2 '89

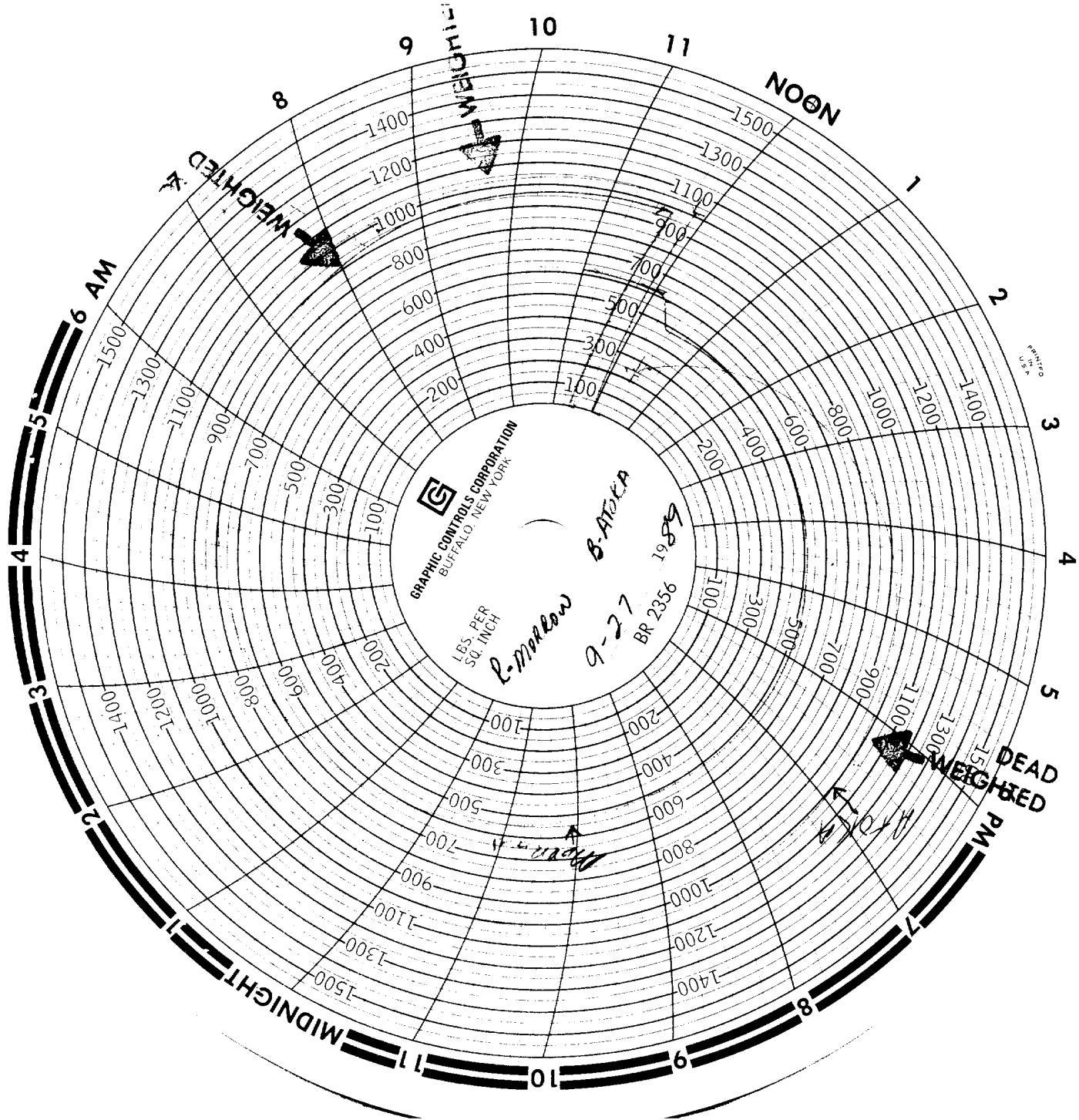
O. C. D.
ARTS & CRAFTS OFFICE



RECEIVED

00T-2'89

O. C. D.
ARTESIA OFFICE



RECEIVED

OCT -2 '89

O. C. D.
ARTESIA, OFFICE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

INSTRUCTIONS ON REVERSE

SIDE

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

OCT -2 '89

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

O. C. D.

Operator <u>CHEVRON USA INC</u>		Lease <u>EDDY "D" FED Com</u>		Artesia, Office		Well No. <u>1</u>
Location of Well	Unit <u>F</u>	Sec. <u>20</u>	Twp <u>18</u>	Rge <u>31</u>	County <u>EDDY</u>	
	Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	<u>NORTH SUGART ATOKA</u>		<u>GAS</u>	<u>FLOW</u>	<u>TBG</u>	<u>W-D</u>
Lower Compl	<u>NORTH SUGART MORROW</u>		<u>GAS</u>	<u>STANDING</u>	<u>TBG</u>	<u>CI</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9-25-89 11:30 AMWell opened at (hour, date): 9-26-89 11:30 AM

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 9-27-89

Oil Production

During Test: 0 bbls; Grav. _____

Gas Production

During Test 59.0

MCF; GOR _____

Total Time On
Production24

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): _____

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date) _____

Oil production

During Test: _____ bbls; Grav. _____

Gas Production

During Test _____

MCF; GOR _____

Total time on
Production

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledgeCHEVRON USA INC.

Operator

A.L. Alexander

Signature

A.L. Alexander

Printed Name

PRODUCTION
SPECIALIST

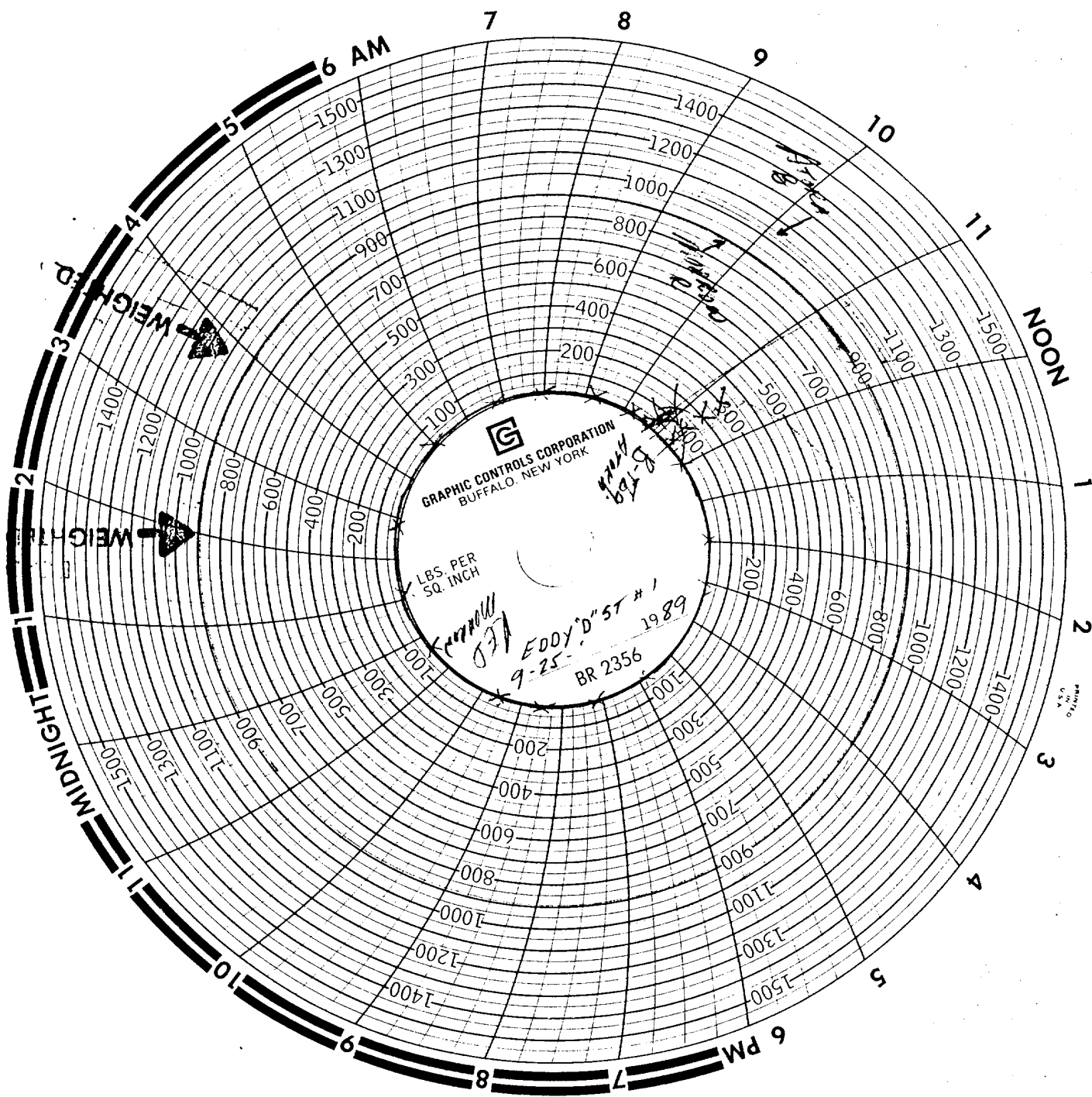
Title

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

LBS. PER
SQ. INCH

B-109
9-25-1989
BR 2356
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