

Submit 2 copies to Appropriate District Office.

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-116  
Revised 1/1/89

RECEIVED

JUN 29 '90

C. C. D.  
ARTESIA, OFFICE

GAS - OIL RATIO TEST

|                                              |          |                             |    |                                                                                                                    |              |            |             |                   |                      |                   |              |           |                            |            |            |
|----------------------------------------------|----------|-----------------------------|----|--------------------------------------------------------------------------------------------------------------------|--------------|------------|-------------|-------------------|----------------------|-------------------|--------------|-----------|----------------------------|------------|------------|
| Operator<br>ARCO OIL AND GAS COMPANY         |          | Pool<br>TAMANO BONE SPRINGS |    | County<br>EDDY COUNTY, NM                                                                                          |              |            |             |                   |                      |                   |              |           |                            |            |            |
| Address<br>BOX 1710, HOBBS, NEW MEXICO 88240 |          | TYPE OF TEST - (X)          |    | SCHEDULED <input type="checkbox"/> COMPLETION <input type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> |              |            |             |                   |                      |                   |              |           |                            |            |            |
| LEASE NAME                                   | WELL NO. | LOCATION                    |    |                                                                                                                    | DATE OF TEST | 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 |                            | OIL BBL'S. | GAS M.C.F. |
| GANDHI FEDERAL                               | 1        | D                           | 24 | 18                                                                                                                 | 31           | 6/27/90    | P           |                   | M                    | 24                | 230          | 37.0      | 133                        | 48         | 360        |
| 20 - 30 DAY TEST                             |          |                             |    |                                                                                                                    |              |            |             |                   |                      |                   |              |           |                            |            |            |

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

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

Signature

James D. Cogburn, Administrative Supervisor

Printed name and title

Date

392-3551

Telephone No.