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

## NEW MEXICO OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER LEAKAGE TE

Page 1 Revised 11/16/98

| Operator _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>ONOCOPHILLIF</u>                               | S COMPANY 2                  | 17817 Lease                    | Name <u>OM</u>                        | ERA ON                                | Well<br>No. 7E              |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------|--------------------------------|---------------------------------------|---------------------------------------|-----------------------------|--|--|--|--|--|
| Location Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Well: Unit Letter                                 | Sec                          | 36 Twp _2                      | .8N Rge                               | TOWNS CHARLES                         | 30-045-2411 8               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Re                                        | eservoir or Pool             | Type of (Oil or                |                                       | Method of Prod.<br>(Flow or Art. Lift | Prod. Medium (Tbg. Or Csg.) |  |  |  |  |  |
| Upper<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | СН                                                | ACRA                         | . GA                           | .S                                    | FLOWING                               | TUBING                      |  |  |  |  |  |
| Lower<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DA                                                | КОТА                         | GA                             | .S                                    | Art, Lift<br>FLOWING                  | TUBING                      |  |  |  |  |  |
| Pre-Flow Shut-In Pressure Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                              |                                |                                       |                                       |                             |  |  |  |  |  |
| Upper<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3,45 AM 11-14                                     | nt-In Tub=121<br>-03 cas=260 | Length of Tim                  |                                       | SI Press. Psig                        | Stabilized? (Yes or No)     |  |  |  |  |  |
| Lower<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hour, Date, Shut-In<br>8:45 Am 11-14-03 Tub = 120 |                              | Length of Time 48 hrs.         | ne Shut-In                            | SI Press. Psig                        | Stabilized? (Yes or No)     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                              | Flow Test                      | No. 1                                 |                                       |                             |  |  |  |  |  |
| Commenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at (hour, date)*                                  |                              |                                |                                       | g (Upper or Lower):                   |                             |  |  |  |  |  |
| Time (Hour, Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Lapsed Time Pres                                  |                              | SSUTE Prod. Z Lower Compl. Tem |                                       |                                       |                             |  |  |  |  |  |
| 9142 Am<br>11-17-03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ø                                                 | Tub=330<br>Cus=39/           | Tub=208                        | 55.4°F                                |                                       | est pressure                |  |  |  |  |  |
| 3105 Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24hrs,                                            | Tub=10<br>Cas=257            | Tub=212                        | 39,40 F                               | = Flow upper                          | shower shot in              |  |  |  |  |  |
| 2:15 Am.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 48415,                                            | Tub = 117<br>cas = 204       | Tub=216                        | 40°F                                  | Flow upper                            | "Lover stutin               |  |  |  |  |  |
| 450-03<br>3718 bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rhrs.                                             | Tub = 100<br>Cas = 114       | T4b=218                        | SOF                                   |                                       | ! Lower Stutin              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                              |                                |                                       |                                       |                             |  |  |  |  |  |
| roduction rat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e during test                                     | <del>'</del>                 |                                | · · · · · · · · · · · · · · · · · · · |                                       |                             |  |  |  |  |  |
| a contract of the contract of |                                                   |                              |                                | . In Hrs                              |                                       |                             |  |  |  |  |  |
| ias:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MCFP                                              | D; Test thru (Orif           | ice or Meter):                 |                                       |                                       | the control of the control  |  |  |  |  |  |
| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | Mi                           | d-Test Shut-In P               | ressure Data                          | 1                                     |                             |  |  |  |  |  |
| Upper<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hour, Date, Shut                                  |                              | <del></del>                    |                                       | SI Press. Psig                        | Stabilized? (Yes or No)     |  |  |  |  |  |
| Lower<br>Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hour, Date, Shut                                  | i-In                         |                                |                                       | SI Press. Psig                        | Stabilized? (Yes or No)     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                              | (Continue on rev               | erse side)                            | Van O'R                               | Jan course flell.           |  |  |  |  |  |

Ryan O Man MSO-1 11-20-03

## Flow Test No. 2

| Commenced a                                                                                                                                                                                                                     | at (hour, date)**            | · .                |                       | Zone producing (Upper or Lower):                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|-----------------------|-------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| Time<br>(Hour, Date)                                                                                                                                                                                                            |                              |                    | essure<br>Lower Compl | 1                                                           |                      | Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |  |
| (Hour, Date)                                                                                                                                                                                                                    | Since                        | Opper Compr.       | Lower Compi           | -                                                           | Temp.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
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|                                                                                                                                                                                                                                 | ·                            |                    |                       |                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
|                                                                                                                                                                                                                                 |                              |                    |                       |                                                             | · ·                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
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| Production rate                                                                                                                                                                                                                 |                              |                    |                       |                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
| Dil:                                                                                                                                                                                                                            | BOPD based                   | l on               | Bbls. In              | <del></del> -                                               | _ Hrs                | Grav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GOR              |  |
| Gas:                                                                                                                                                                                                                            | MCFP                         | D; Test thru (Orif | ice or Meter): _      |                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
| Remarks:                                                                                                                                                                                                                        |                              |                    | )                     |                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
| I hereby certify                                                                                                                                                                                                                | that the informat<br>DEC - 1 | ion herein contair | ned is true and o     | comp                                                        | lete to the best o   | of my knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e. Louox Phillip |  |
| Approved                                                                                                                                                                                                                        |                              | N. 703             | 20                    |                                                             | Operator K           | yau C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Klad             |  |
| New Mexico O                                                                                                                                                                                                                    | il Conservation D            | ivision            | শ্ৰীসাৰক<br>প্ৰতিষ্ঠা |                                                             | $\sim$               | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |  |
| By Char                                                                                                                                                                                                                         | LH_                          |                    |                       | · ;                                                         | By Kya. Title M5     | ~ Often                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |  |
| TitleOEPU                                                                                                                                                                                                                       | ITY OIL & GAS INST           | PECTOR, DIST. 💯    | _                     | Operator Ryau Okau  By Ryau Okau  Title M50-1  Date 1/20-03 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
| e de la companya de<br>La companya de la co | s Tomas Same                 | Northwest          | New Mexico Packe      | r Leak                                                      | nge Test Instruction | grade i de la companya de la company |                  |  |

- 1. A packer leakage test shall be commenced on each multiply completed within seven days after actual completion of the well, and annually hereafter as prescribed by the order authorizing the multiple completion. such tests shall also be commenced on all multiple completions within seven ings following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or he tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
- At least 72 hours prior to the commencement of any packer leakage test, he operator shall notify the Division in writing of the exact time the test is to mommenced. Offset operators shall also be so notified.
- The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain but-in until the well-head pressure in each has stabilized, provided however, hat they need not remain shut-in more than seven days.
- For Flow Test No. 1, one zone of the dual completion shall be produced t the normal rate of production while the other zone remains shut-in. Such shall be continued for seven days in case of a gas well and 24 hours in re case of an oil well. Note: if, on an initial packer leakage test, a gas well sibeing flowed to the atmosphere due to the lack of a pipeline connection the low period shall be three hours.

Following completion of Flow Test No. 1, the well shall again be shut-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 hour 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 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 11-16-98, with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).