

This form is to be used for reporting packer leakage tests in Northwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator DUGAN PRODUCTION CORP. Lease M^{rs} ADAMS Well No. 2
Location of Well: Unit P Sec. 34 Twp. 27N Rge. 10 W County SAN JUAN

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbg. or Csg.)
Upper Completion	<u>GALLUP</u>	<u>GAS</u>	<u>Flow</u>	<u>Tbg.</u>
Lower Completion	<u>DAKOTA</u>	<u>GAS</u>	<u>Flow</u>	<u>Tbg.</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date <u>6:00 PM</u> Shut-in <u>6-18-84</u>	Length of time shut-in	SI press. psig <u>25</u>	Stabilized? (Yes or No)
Lower Compl	Hour, date <u>6:00 PM</u> Shut-in <u>6-18-84</u>	Length of time shut-in <u>2 days</u>	SI press. psig <u>290</u>	Stabilized? (Yes or No)

FLOW TEST NO. 1

Commenced at (hour, date)* <u>4:45 PM 6-20-84</u>		Zone producing (Upper or Lower):			
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>4:30 PM</u> <u>6-21-84</u>	<u>1 day</u>	<u>25</u>	<u>216</u>		
<u>4:30 PM</u> <u>6-22-84</u>	<u>2 days</u>	<u>25</u>	<u>212</u>		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: 68 MCFPD; Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

FLOW TEST NO. 2

Commenced at (hour, date)**		Zone producing (Upper or Lower):			
Time (hour, date)	Lapsed time since **	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

REMARKS: This well is commingled - Order #R-6824

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

JUL 16 1984

Approved: _____ 19 _____
Oil Conservation Division

Original Signed by CHARLES GHOLSON

By _____

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3Operator DUGAN PRODUCTION CORP.By Melanie StulserTitle AgentDate 7-13-84

1. A packer is to be installed shall be performed on each multiple completion well within six days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall be performed on all multiple completions within seven days following completion and/or chemical or fracture treatment, and on all remedial work is being done on a well during which the packer or the tubing has been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

3. The poker bridge test shall commence when both zones of the dual well have shut-in for pressure stabilization. Both zones shall remain shut-in until the wellhead pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, to be placed with Paragraph 3 above.

(c) 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.

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 double-light pressure gauge. If a well is a gas-oil or oil-gas field completion, the recording gauge shall be required on the oil zone only, with double-light pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 10 days after completion of the test. Tests shall be filed with the District Office of the Oil Conservation Division of New Mexico, New Mexico Facker Leakage Test Form Numbered 10-176, with all deadweight pressures indicated thereon as well as the following temperatures (gas zones only) and gravity and GOR (oil zones only). A pressure versus time curve for each zone of each test shall be constructed on the reverse side of the Facker Leakage Test Form with all deadweight pressure points taken indicated thereon. For oil zones, the pressure curve should also indicate all key pressure changes which may be reflected by the pressure change charts. These key pressure changes should also be indicated on the front of the Facker Leakage Test Form.

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