STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Page 1 Revised 10/01/78

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

perator A	MOCO PRODUCTIO	ON COMPANY	Lease	C.A. McADAMS	B X	7ell 2 o		
	E sec 28 m	rwn 27	Rge	10	County Sa	n Juan		
Well: Unit E Sec. 28 Twp. 27			TYPE OF PRI	on. M	ETHOD OF PROD. (Flow or Art. Lift)	PROD, MEDIUM (Tbg. or Csg.)		
Upper G/	NI I IID		OIL	ARAN	NDONED	CSG.		
Lower GALLUP				•		TBG.		
empletion U/	AKOTA		GAS .	FLOV	N .	1.50.		
Hour, date	shutin	PRE-FLO	W SHUT-IN PR	Clares pela	Stabiliz	ed? (se di No)		
Upper impletion!	0/16	72 hours	· <u>i</u>	49	l			
Hour, date	shul-in	72 hours	· , , , ,	Si press. paig	Stabiliz	ed? (103 of No)		
			FLOW TEST I	NO. 1				
onimenced at (hour,	date) *			Zone producing (Up	oper or Cowell			
TIME	LAPSED TIME	PRESS Upper Completion	Lower Completion	PROD. ZONE TEMP.	ļ	REMARKS		
(hour, date)	Day 1	490	810		Both 3	nes SI		
17	Day 2	490	810		1	. "		
18	Day 3	490	810	· V	"	- (1		
19	Day 4	490	810		flowed,	lower zne		
20	Day 5	490	290		1 . A. A			
21	Day 6	490	290	/		*		
roduction tate	during test		•					
Oil:	BOP	D based on	Bbls. ii	n Hou	rs Grav.	GOR		
Gas:		МСЕ	PD; Tested thru	o (Orifice or Met	cr):			
		, •	EST SHUT-IN P		•			
Hour, da	sie shulin	Length of lime sh		Si press. psig		lized? (Yes or No)		
Completion			nul-in	SI press. peig	Stabl	Stabilized? (Yes or No)		
Completion	•							
						강혁 : 기계전 ~		
	•	· ·			Polici Mark M	v <u>2</u> 123000 		
		·. ·	(Continue on	reverse side)		akida da kalendari Majara		
			100		ţ	_ 001. U		

FLOW TEST NO. 2 renced at (hour, date) * * Zamp producing (Upper or Lowert PRESSURE LAPSED TIME PROD. ZONE SINCE . BEMARKS Companies Lawer Comptellen Production rate during test BOPD based on _____ Bbls. in ____ Hours. ___ Grav. ___ GOR ___ Oil: ___ MCFPD: Tested thru (Orifice or Meter): I hereby certify that the information herein contained is true and complete to the best of my knowledge. _____ 19 ____ Operator New Mexico Oil Conservation Division

NORTHWEST NEW MEDICO PACKER LEAKAGE TEST INSTRUCTIONS

By ___

Title .

Date _

1. A packer leakage out shall be commenced on such multiply emupleted well within seven daws after actual completion of the well, and annually distributes a prescribed by the order authorizing the multiple completion. Such turn shall that be commenced on all multiple, completions within seven days following recompletion shallow, chemical or fine-ture treatment, and whenever remedial wolff high bird distributed or will during which the packer or the tubing have been disturbed. Turn shall also be taken as not time that otomorphism is suspected or when requested by the Division.

Lamie Cumingham

DEPLITY OIL & GAS INSPECTOR

NOV 2 7 1989

Title _

- As least 72 hours prior to the commencement of any pather histoge test, the operator shall nestly the Division in vertical of the essent user the east is to be commenced. Office operators shall also be so notified.
- 3. The packer lenkage test shall commence when both sanits of the dual completion are shut-in for pressure stabilization. Both somes shall remain shortin until the well-land pressure so each has stabilized, provided however, that they find the remain shut-in sport than arven days.
- 4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shar-in. Suth test shall be continued for zeven days in the case of a gas well and for 24 hours in the saje of an oil well. None: if, on an initial packer leakage test, a gas well is being flowed to the assimpliere due to the lack of a pipeline connection the flow period shall be three hours.
- Following completion of Flow Ten No. 1, the well shall again be shorten, in accordance with Paragraph 3 above.
- Plow Test'No. 2 shall be conducted even though so high was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the state in for Flow Test No. 1 entirpt

- that the previously produced some shall remain abut-in while the zone which was previously abut-in it produced.
- 7. Pressures for gas-sone sees must be measured on each sone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of such flow-period, as fifteen-massure intervals during the first hour pheroof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion; of each flow period. 7-they come immediately prior to the beginning of such flow period, at least one time during each flow period (as approximately the midway posts) and immediately point to the conclusion of each flow period. Other pressures may be taken in desired, or may be requested on wells which have previously shown quantionable sign data.
- 24-hour ail sease term: all pressures, throughout the entire term, thall be continuously measured and seconded with according pressure gauges the accuracy of which must be checked at hum rover, once or the beginning and once at the end of each term, with a deadweight pressure gauge. If a wall is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil some only, with deadweight pressures as required above being taken on the gas assoc.
- 8. The agulus of the above-described sens shall be filed in triplicate within 13 days after complexing of the test. Toru shall be filed with the Aster District Office of the New Meason Oil Constitution Division on Mardowat New Meason Packer Lealinge Tox Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gus seems only) and gravity and GOR (oil some only).

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

XX Rio Brazos Rd., Aziec, NM 8/410	REQU	JEST FO	OR A	LLOWA	BLE AND A	OHTUA LUBBI	RIZ. GAS	ATION 3				
perator		10 m	(145)	Orri Or	L7410111			Well Al				
AMOCO PRODUCTION COMP	ANY							1 3004	5062580			
P.O. BOX 800, DENVER,	COLORAI	00 8020	1		Oth	es (Pleasa	es plais	d				
cason(s) for filing (Check proper box)		Change in	Transp	porter of:	[] Oii	CI (1 reason	елрии	,				
ecompletion	Oil		Dry C	Jas []								
hange in Operator	Casingho	ad Gas	Conde	ensate [5]								
change of operator give name d address of previous operator												
. DESCRIPTION OF WELL	AND LE	ASE									ase No.	
MCADAMS, CA, ABOCA C	ams B	Well No. 2			ding Formation IAK - GALLUI				Lease ederal or Fee	1		
ocation E		1850	Feet From The			NL Line and Feet			et From The FNL Line			
Unit Letter	271	N	Rang	10%	,	мрм,		SAN	JUAN		County	
II. DESIGNATION OF TRA	NSPORTI	Or Conde	IL A		URAL GAS	ve address	10 wh	ch approved	copy of this f	um is to be se	ni)	
HERIDIAN OIL INC.		Or Conce		(X_)	3535 E	AST 30	TH S	STREET,	FARMING	TON, CO	87401	
PASO NATURAL GAS C			or D	ry Gas [X		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978						
EL PASU NATURAL GAS U			Iron	. Rg				When		3310		
f well produces oil or liquids, ive location of tanks.	Unit 	Sixc.	Twp.	. '*	sc. is gardene	.,		_i				
f this production is commingled with th	at from any o	ther lease of	r pool,	give commi	ngling order nur	nber:						
V. COMPLETION DATA						_,		Deepan	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	Oil We	11 j	Gas Well	New Well	Worker	ver	Deepen	Link Dack		i	
Date Spudded		npl. Ready	to Prod	L	Total Depth	-l			Р.В.Т.D.	1		
out opasses					T. A.	Top Oil/Gas Pay Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation T						Top Oil/Gas Pay Tubing Depth						
Perforations									Depth Casi	ng Shoe		
CHOISIONS									.			
					ID CEMENT			<u>D</u>		SACKS CEN	IENT	
HOLE SIZE	c	ASING &	TUBIN	G SIZE		DEPTH SET SACKS CEMENT						
									·			
V. TEST DATA AND REQU	IFET FOR	ALLOV	VARI	F					J			
V. TEST DATA AND REQU OIL WELL (Test must be aft	er recovery of	(total volum	ne of lo	ad oil an: n	nusi be equal to	or exceed	top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of				Producing	Method (F	low, p	ump, gas lift.	eic.)			
	Tubic a	D-serves			Casing Pre	ssure -			Choke Size	e		
Length of Test	Lucing	Pressure			m	FR	E.	LYE	M			
Actual Prod. During Test	Oil - Bb	ols.			Wate	ik.	_		MCF			
)	11	1990	<u> </u>			
GAS WELL					Table Com				Gravity of	Condensate		
Actual Prod. Test - MCI/D	Length	Of 147			1 7		-	I. Dry				
lesting Method (pitot, back pr.)	Tubing	Pressure (S	hul·in)		Casing Pro	Esure (SI	XS T	. J	Choke Siz	c		
VI. OPERATOR CERTII	EICATE (JE CON	ADI 1	ANCE	[. D	ON	
I hereby certify that the rules and t	regulations of	the Oil Con	scrvatio	on		OIL (CO	NSERV	AUN	DIVISI	ON	
Division have been complied with and that the information given above						Date Approved JUL 1 1 1990						
is true and complete to the best of my knowledge and belief.					∥ Da	Date Approved						
S. H. Whey					_ D.			7.	1) 6	-la-1		
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name Title					_ Ti	tle		SUPE	HVISOR	DISTRIC	1 13	
July 5, 1990		303	3-83	0=428() one No.								
Date			тесери				_					

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



Subnut 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fa, New Mexico 875(4-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AUTHO	RIZATION			
•	TOTRA	ANSPORT OIL	AND NATURAL		API No.		
Operator AMOCO PRODUCTION COMPA	NY			l l	450625800		
Address P.O. BOX 800, DENVER,	COLORADO 802	01					
Reason(s) for Filing (Check proper box)			Other (Please e	explain)			
New Well		Transporter of:					
Recompletion	_	Dry Gas					
Change in Operator L	Casinghead Gas	Condensate X					
and address of previous operator							
I. DESCRIPTION OF WELL		Pool Name, Include	ing Engration	Kund	of Lease	Lease	No.
Lease Name C. A. MCADANS. B.	2	,	OTA (PRORATED (Federal or Fee		,
Location	-050			700		D4.1F	
Unit LetterE	: <u>1850</u>	Feet From The	FNL Line and	Fe	et From The	FWL	Line
Section 28 Township	27N	Rang: 10W	, NMPM,	SAN	JUAN		County
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Conde		Address (Give address to	which approved	copy of this form	is to be sent)	
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	bhead Gas	or Dry Gas X	3535 EAST 30	CH STREET	FARMINGT	ON, CO	8 7401 —
EL PASO NATURAL GAS CO		U. D., GEO [A]	l .				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	P.O. BOX 1492 Is gas actually connected	17' Whea	1 11 133	70	
f this production is commingled with that f	from any other lease or	pool, give comming	ling order number:				
V. COMPLETION DATA							
Designate Type of Completion	Oil Wel	Gas Well	New Well Work ove	r Deepen	Plug Back Sa	me Res'v Di	If Res'v
Date Spuided	Date Compl. Ready t	o Prod.	Total Depth	<u></u> -	P.B.T.D.		
	Name of Producing F		* * * * * * * * * * * * * * * * * * * *				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay	Tubing Depth					
Perforations			1		Depth Casing S	hoe	
		0.6000	CELEBRATIO DEC	200	ļ		
HOLE SIZE	CASING & T		CEMENTING REC		SAC	CKS CEMENT	
7,012,012							
V. TEST DATA AND REQUES							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top Producing Method (Flow			(ull 24 hours.)	
pate this few off feat to rate	Date of Yes		,			08 IP G	
Length of Test	Tubing Pressure		Casing Pressure	(D)	ECE	AFI]
Actual Prod. During Test	Oil - Bbls.	****	Water - Bbis	IN	JUL 2	1990	ــــــــــــــــــــــــــــــــــــــ
A. O. III O. I					J <u> </u>	. DIV.	J
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI	,(IL CON	Leggale	<u>'</u>
			l		DIS1.	3	
Festing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COMI	PLIANCE	011 02		ATION 0	MOLON	
I hereby certify that the rules and regula-	ations of the Oil Conse	rvation	OIL CONSERVATION DIVISION				
Division have been complied with and to is true and complete to the best of my k		Data Approved JUL 2 1990					
111.100		Date Approved					
L. P. Whley		By 3.1) Chang					
Signature Doug W. Whaley, Staf	f Admin. Sup	E FEW SE (SECTIVET &)					
June 25, 1990		Title 830-4280	Title				

INSTRUCTIONS: This form is to be filed in comphance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQU	JEST FO TO TRA	OR ALLO NSPOF	OWAB	BLE AND AUTHORIZA . AND NATURAL GAS	ATION :			
Operator						Well A			
AMOCO PRODUCTION COMPA	NY				300450625800				
P.O. BOX 800, DENVER,	COLORAI	00 8020) 1						
Reason(s) for Filing (Check proper box)			_		Other (Please expiain))			
New Well	Oil		Transporter Dry Gas						
Recompletion		nd Gas 🔲	-						
f change of operator give name									
and address of previous operator					4 4 60				
II. DESCRIPTION OF WELL	AND LE	ASE	Pool Name	Jackylii	ng Formation	Kind o	Lease	Les	ise No.
Lease Name C. A. MCADAMS. B.		2	BASIN	L.DAKC	HA (PROPERTIDE GAS)		ederal or Fee		
Location		1	1_===						
Unit LetterE	_ :	1850	Feet From	The	FNL Line and 790	Fe	et From The	FWL	Line
Section 28 Townshi	p 27	N	Range	10W	, NMPM,	SAN	JUAN		County
III. DESIGNATION OF TRAN	SPORTE			NATU	RAL GAS				
Name of Authorized Transporter of Oil		or Conder			Address (Give address to which				
MERIDIAN OIL INC. Name of Authorized Transporter of Casin	-1 1 C		as Des Ca	. (7)	3535 EAST 30TH S Address (Give address to which	TREET,	FARMING?	ON, GO	87401
·		ı	or Dry Ga	• ப					-,
FI. PASO NATURAL GAS-CO	MPANY Unit	Sec.	Twp.	Rge.	P.O. BOX 1492, E is gas actually connected?	When	1 1X 199	178	
give location of tanks.	i	İ	نــــــــــــــــــــــــــــــــــــــ						
If this production is commingled with that	from any ot	her lease or	pool, give o	commingl	ing order number:				
IV. COMPLETION DATA					1		m. n. s. le		byte Back
Designate Type of Completion	- (X)	Oil Well	l Gar	Well	New Well Workover	Deepen	Plug Back Si	ame Kes v	Diff Res'v
Date Spudded		pl. Ready to	Prod.		Total Depth		P.B.T.D.		·
•									
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing F	ormation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing			Shoe	
			G L CINIC		CENTENIC DECORD		<u> </u>		
HOLEGUE	7	SING & TI			CEMENTING RECORD DEPTH SET		SA	CKS CEME	NT
HOLE SIZE	- CA	CONTO DE TE	DOING SIZ	<u>-</u>	DET THISE!				
	1								
	l rob		4 D1 E				J		
V. TEST DATA AND REQUE OIL WELL (Test must be after t	SI FUR	ALLUW.	of load oil	ard must	be equal to or exceed top allow	able for thu	depth or be for	full 24 how	s.)
Date First New Oil Run To Tank	Date of To		ey icaa ou		Producing Method (Flow, purn	p, gas lýl, e	ic.)		
							P 60 F	N IC	m -
Length of Test	Tubing Pr	essure			Casing Pressure	. (D)	E. P.		1111
Actual Prod. During Test	Oil - Bbls				Water - Bbls.	-IU	Gas- MCF	1000	<u> </u>
Actual Fred. During Feat	On - Duis	•					JUL 2	1990	
GAS WELL						-	OD LICON	4. DI\	/.]
Actual Prod. Test - MCI/D	Length of	િલાન			Bbls. Condensate/IAMCF		Gravity S	ndensate	
					A T 6		OTHER STATE		
Testing Method (pilot, back pr.)	Lubing Pi	nissire (Shu	d-m)		Casing Pressure (Shul-in)		Choke Size		
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIANC]E					
Thereby certify that the rules and regu					OIL CON	SERV	AHON D	IVISIC	N
Division have been complied with and		Data Amproved JUL 2 1990							
is true and complete to the best of my	*now leage	ENU OCIICI.			Date Approved 100				
D.H. Shley	D. D. Shley					By Jan Chang			
Signature Doug W. Whalev. Sta	Signature Doug W. Whaley, Staff Admin Supervisor				E FTSVSC FDSTNCT 63				
Printed Name			Title		Title	21 ¥ 1 3 F	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. W. S	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

June 25, 1990

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

303-830-4280... Telephone No.

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.



Form 3160-5 (June 1990)

Subsequent Report

Final Abandonment Notice

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135 Expires: Merch 31, 1993

Non-Routine Fracturing

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DONEA	O OF LAND MANAGEMENT				
SUNDRY NO	5. Lease Designation and Sarial No. SF-077941-A				
Use "APPLIC	6. If Indian, Allottes of Tribe Name				
		7. If Unit or CA, Agreement Designation			
. Type of Well Old Gae Well Well Other		8. Wall Name and No.			
. Name of Operator	Attention:	C. A. McAdams B #2			
Amoco Production Compa	ny Gail M. Jefferson, Rm 1295C	9. API Well No.			
. Address and Telephone No.		300450625800			
P.D. Box 800, Denver, Colorad	o 80201 (303) 830-6157	10. Field and Pool, or Exploratory Area Angels			
Location of Well (Footage, Sec., T., R., M., o	Survey Descript on)	Angels Peak Gallup/Peak Dakota			
1850' FNL 790' FWL	Sec. 28 T 27N R 10W Unit E	11. County or Parish, State			
		San Juan New Mexico			
 CHECK APPROPR 	ATE BOX(s) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA			
TYPE OF SUBMISSION					
	Abandonment	Change of Plans			
Notice of intent	1				

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Other Downhole Commingle

Amoco Production Company filed an application to downhole commingle the above referenced well by perforating the tubing and approval was granted Frebruary 23, 1984.

Recompletion

Casing Repair

Amoco is notifying you we have perforated the tubing and have successfully commingled the Gallup and Dakota horizons on October 18, 1994.

If you have any technical questions please contact Steve Webb at (303) 830-4206 or Gail Jefferson at (303) 830-6157 for any administrative concerns.

4. I heraby cartify that the foregoing is true and correct Signed	Title	Sr. Admin. Staff Asst.
This space for Federal or State office use)		AUDEL IED TOTAL
Approved by	Title	MAY 0 2 1996
Conditions of approvel, if eny:		AFTIPE
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to	o make to any departm	nent or egency of the United States any for FARMING CONJUSTRICT, OFFICE
	MAN John of the local of the lo	W 11

