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

NEW MEXICO OIL CONSERVATION COMMISSION

Revised 11-1-58

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Southland Royalty Company Lease Frontier Well No. E-1

Location of Well: Unit E Sec. 5 Twp. 27N Rge. 11W 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	Kutz Gallup	Oil	Art. Lift	Tbg.
Lower Completion	Basin Dakota	Gas	Flow	Tbg.

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in 6-10-79	Length of time shut-in 72 Hrs.	SI press. psig Csg. 522	Stabilized? (Yes or No)	
Lower Compl	Hour, date Shut-in 6-10-79	Length of time shut-in 72 Hrs.	SI press. psig Tbg. 618	Stabilized? (Yes or No)	

FLOW TEST NO. 1

Commenced at (hour, date)* 6-13-79 Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure Upper Compl.	Pressure Lower Compl.	Prod. Zone Temp.	Remarks
6-11-79		Csg. 518	Tbg. 620		
6-12-79		Csg. 518	Tbg. 608		
6-13-79		Csg. 522	Tbg. 618		
6-14-79	24	Csg. 508	Tbg. 433		
6-15-79	48	Csg. 477	Tbg. 250		

Production rate during test
Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ 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 Upper Compl.	Pressure Lower Compl.	Prod. Zone Temp.	Remarks

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

JUN 18 1979 OIL CON. COM. DIST. 3

REMARKS: _____

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

Approved: Not Approved 19____
New Mexico Oil Conservation Commission

By Repair Requested S.P.

Title _____

Operator Southland Royalty Company

By _____

Title District Engineer

Date June 18, 1979

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Also, such tests shall be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever any remedial work has been done on a well during which the packer or the casing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven 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 shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: If, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

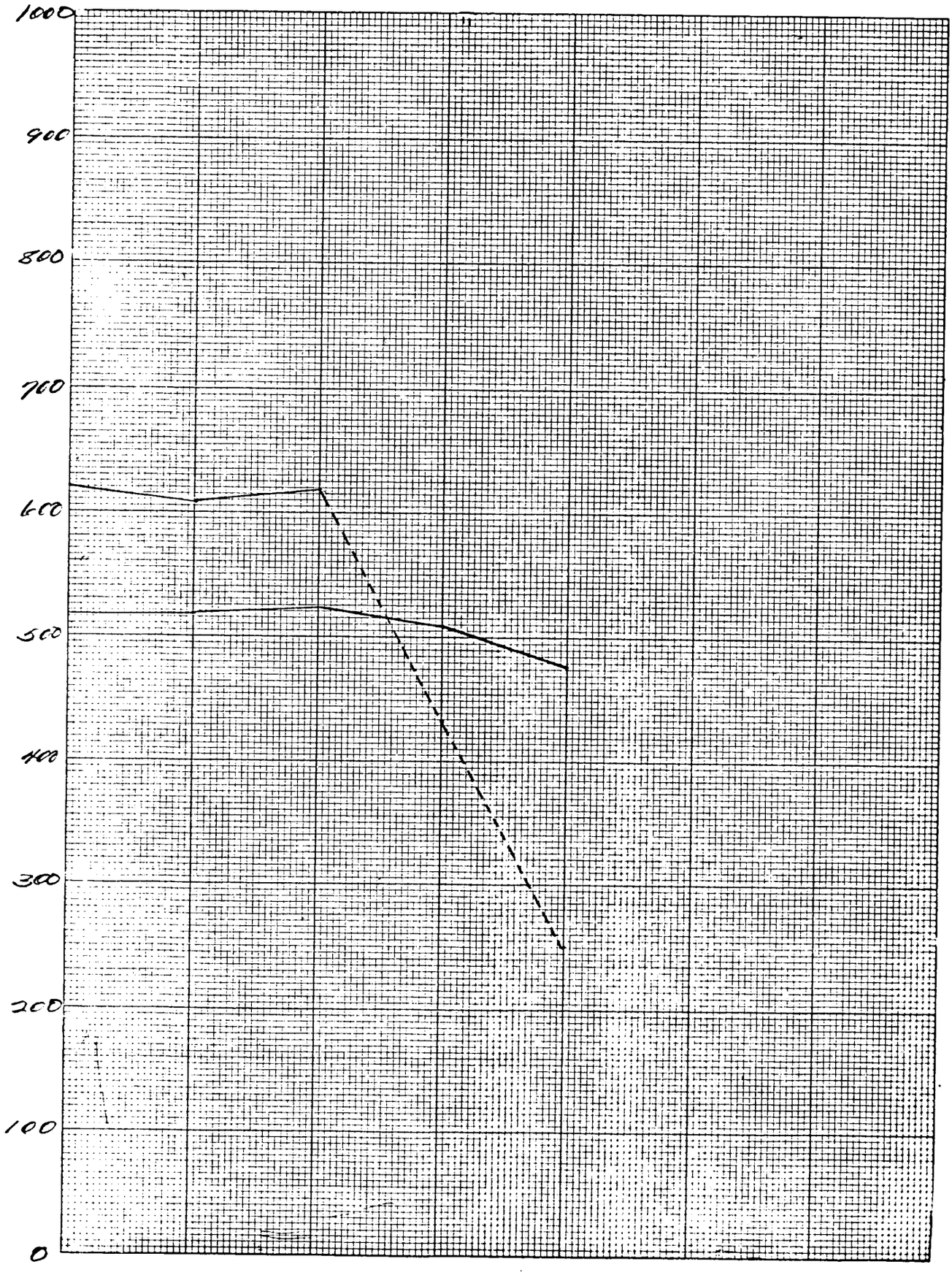
5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the 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 there after, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: 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 pressure 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 Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-1-78, with all deadweight pressures indicated thereon as well as the flowing temperature (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 Packer 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 recording gauge charts. These key pressure changes should also be tabulated on the front of the Packer Leakage Test Form.



Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1800' FNL & 890' FWL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF-080382-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Frontier "D"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 5, T27N, R11W

12. COUNTY OR PARISH: *San Juan* | 13. STATE: *New Mexico*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6081' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) *X Move Production Facilities*			

RECEIVED
MAR
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

17. 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.)*

SOUTHLAND ROYALTY COMPANY hereby proposes to move the production facilities off the wellsite as outlined in the attached "Surface Use Plan".

Attachment 1 - Location Map of Area

Attachment 2 - Proposed Production Facilities Site

MAR 3
OIL CON
DIV.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

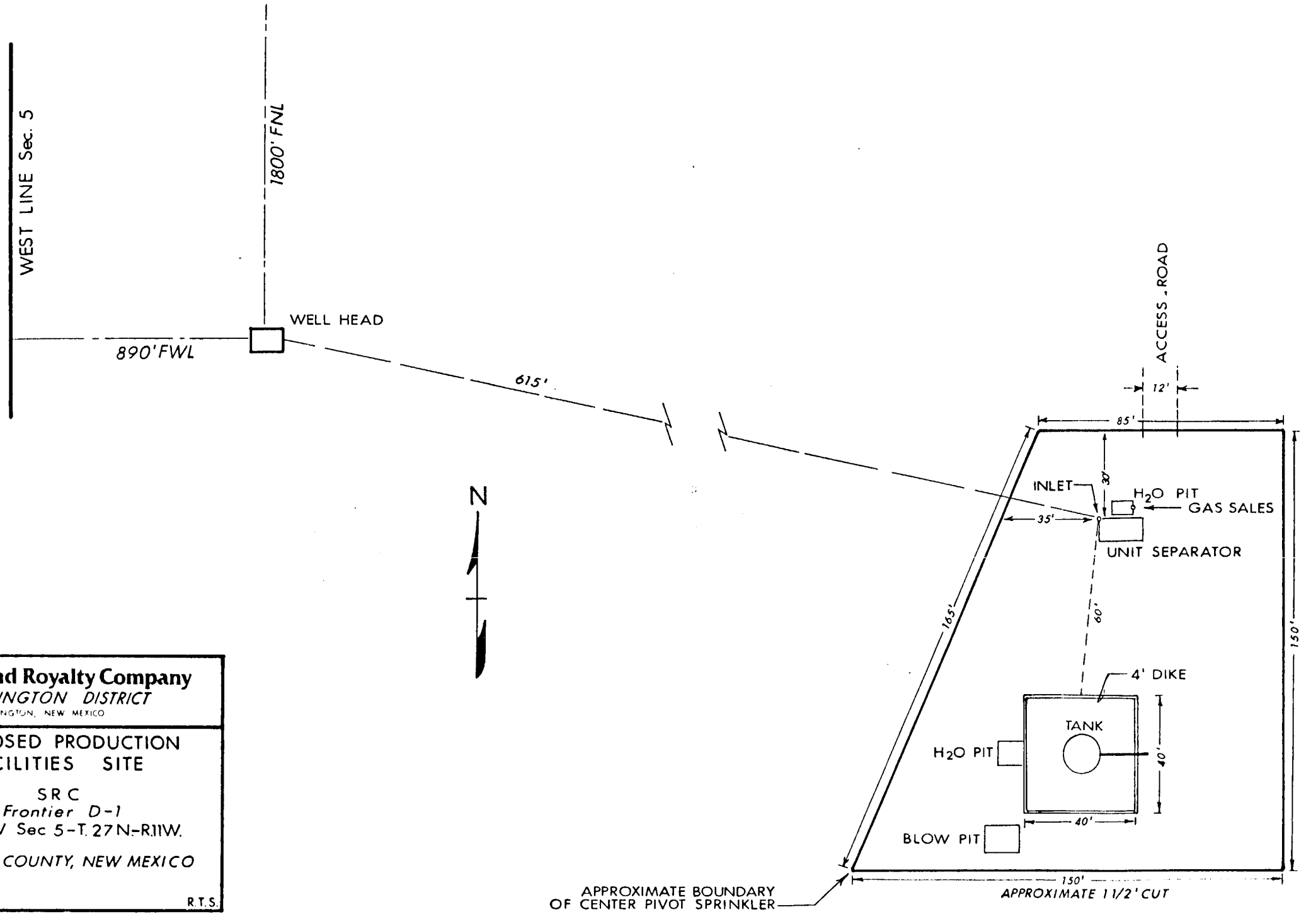
SIGNED *R. E. Fortner* TITLE *Dist. Engineer* DATE *March 3, 1982*

(This space for Federal or State office use)

APPROVED
for JAMES F. SIMS
MAR 22 1982
DISTRICT ENGINEER NMOCC

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



Southland Royalty Company
FARMINGTON DISTRICT
FARMINGTON, NEW MEXICO

3-11-82 DATE	PROPOSED PRODUCTION FACILITIES SITE
Bob Fielder PREPARED BY	SRC
PROJECT AREA	*Frontier D-1*
CI HORIZON	SWNW Sec 5-T. 27N.-R.11W.
1" = 40' SCALE	*SAN JUAN COUNTY, NEW MEXICO*
REVISED DATE	
D-107 FILE NUMBER	R.T.S.