

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

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OCT 16 1990

OIL CON. DIV.
DIST. 3

Operator: AMOCO PRODUCTION COMPANY Lease/Well #:JOHNSTON LS 008

Location of Well: G17/28/09 Meter #: 71865 RTU: 0-000-00 County: SAN JUAN

| | NAME RESERVOIR OR POOL | | TYPE PROD | METHOD PROD | MEDIUM PROD |
|-------------|------------------------|-------|-----------|-------------|-------------|
| UPR COMP | AZTEC PICTURED CLIFF | 71864 | GAS | FLOW | TBG |
| LWR COMP | BLANCO MESAVERDE | 71865 | GAS | FLOW | TBG |

PRE-FLOW SHUT-IN PRESSURE DATA

| | Hour/Date Shut-In | Length of Time Shut-In | SI Press. PSIG | Stabilized |
|-------------|-------------------|------------------------|----------------|------------|
| UPR COMP | 09/17/90 | 72 Hours | 234 | yes |
| LWR COMP | 09/17/90 | 72 Hours | 463 | yes |

FLOW TEST DATE NO.1

| Commenced at (hour,date)* | | | | Zone Producing (Upr <u>Lwr</u>) | |
|---------------------------|-----------------------|----------|-------|----------------------------------|-------------------|
| TIME (hour, date) | LAPSED TIME SINCE* | PRESSURE | | Prod Temp. | REMARKS |
| | | Upper | Lower | | |
| 09/17/90 | Day 1 | 182 | 388 | | Both Zones SI |
| 09/18/90 | Day 2 | 227 | 432 | | Both Zones SI |
| 09/19/90 | Day 3 | 232 | 459 | | Both Zones SI |
| 09/20/90 | Day 4 | 234 | 463 | | on @ 0830 |
| 09/21/90 | Day 5 | 238 | 403 | | flowed lower zone |
| 09/22/90 | Day 6 | 239 | 348 | | " " |

Production rate during test

Oil: _____ BOPD based on _____ BBLs in _____ Hrs _____ Grav _____ GOR _____

Gas: _____ MFCPD:Tested theu (Orifice or Meter):METER

MID-TEST SHUT-IN PRESSURE DATA

| | Hour, Date SI | Length of Time SI | SI Press. PSIG | Stabilized (yes/no) |
|-------------|---------------|-------------------|----------------|---------------------|
| UPR COMP | | | | |

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 Completion | Lower Completion | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved OCT 16 1990 19 _____
New Mexico Oil Conservation Division

By _____
Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Guillermo Rod.
By Adella
Title field tech
Date 10/5/90

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. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing 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. The test shall be conducted in the same manner as 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 hours 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 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 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 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|----------------------------|
| Operator AMOCO PRODUCTION COMPANY | | Well API No. 3004507484 |
| Address P.O. BOX 800, DENVER, COLORADO 80201 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--------------------------|-----------------------|
| Lease Name JOHNSTON LS | Well No. 8 | Pool Name, Including Formation AZTEC (PICT CLIFFS) | Kind of Lease FEDERAL | Lease No. NM004202 |
| Location Unit Letter G : 1700 Feet From The FNL Line and 1600 Feet From The FEL Line | | | | |
| Section 17 Township 28N Range 9W, NMMP, SAN JUAN County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|---|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil MERIDIAN OIL INC. | <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401 | | | | |
| Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY | <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp. | Rge. | Is gas actually connected? | When? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|-----------------|---|------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) | | Producing Method (Flow, pump, gas lift, etc.) | |
| Date First New Oil Run To Tank | Date of Test | Casing Pressure | Choke Size |
| Length of Test | Tubing Pressure | Water - Bbls | Gas - MCF |
| Actual Prod. During Test | Oil - Bbls | FEB 25 1991 | |

| | | | | |
|---------------------------------|---------------------------|---------------------------|------------|-----------------------|
| GAS WELL | | Bbls. Condensate/MMCF | | Gravity of Condensate |
| Actual Prod. Test - MCF/D | Length of Test | Casing Pressure (Shut-in) | Choke Size | |
| Testing Method (Isot, back pr.) | Tubing Pressure (Shut-in) | | | |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

| | |
|----------------------------------|-------------------------|
| Signature Doug W. Whaley | Staff Admin. Supervisor |
| Printed Name February 8, 1991 | 303-830-4280 |
| Date | Telephone No. |

OIL CONSERVATION DIVISION

| |
|------------------------------|
| Date Approved FEB 25 1991 |
| By SUPERVISOR DISTRICT #3 |
| Title |

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.