

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator AMOCO PRODUCTION COMPANY Lease T.L. RHODES C Well No. 3E
Location of Well: Unit E Sec. 31 Twp. 28 Rgc. 11 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	GALLUP			
Lower Completion	DAKOTA			

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in <u>7-10</u>	Length of time shut-in <u>72 hours</u>	SI press. psig <u>625</u>	Stabilized? (Yes or No) <u>Yes</u>
Lower Completion	Hour, date shut-in <u>7-10</u>	Length of time shut-in <u>72 hours</u>	SI press. psig <u>997</u>	Stabilized? (Yes or No) <u>Yes</u>

FLOW TEST NO. 1

Commenced at (hour, date) # <u>7/13</u>				Zone producing (Upper or Lower)	
TIME (hour, date)	LAPSED TIME SINCE #	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
<u>7-10</u>	<u>Day 1</u>	<u>625</u>	<u>997</u>	X	<u>Both zones stable</u>
<u>7-11</u>	<u>Day 2</u>	<u>625</u>	<u>997</u>		" "
<u>7-12</u>	<u>Day 3</u>	<u>625</u>	<u>997</u>		" "
<u>7-13</u>	<u>Day 4</u>	<u>625</u>	<u>997</u>		<u>Lower zone only</u>
<u>7-14</u>	<u>Day 5</u>	<u>625</u>	<u>885</u>		" "
<u>7-15</u>	<u>Day 6</u>	<u>620</u>	<u>885</u>		" "

Production rate during test

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

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

MID-TEST SHUT-IN PRESSURE DATA

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

DEPUTY OIL & GAS INSPECTOR, DIST. #3

Original Signed by CHARLES GHOLSON

AUG 28 1989

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