This form is **not** to be used
For reporting Packer Leakage
Test in Northwest New Mexico

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised 11/23/11

Operator __EOG Y RESOURCES__   Well API # __30-005-61524__

Location Of Well: Unit __N__ Section __32__ Township __7S__ Range __26 E__ County __CHAVES__

Well Name & No. __PENZOIL SG ST. 1__

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	ABO	GAS	FLOW	CSG,	OPEN
Lower Completion	Wolf Camp	GAS	FLOW	TBG,	OPEN

FLOW TEST NO. 1

Both zones shut-in at (hour, date): __8:15 10/18/17__

Well opened at (hour, date): __10:30 AM 10/18/17__

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	203	575
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	205	580
Minimum pressure during test	203	575
Pressure at conclusion of test	203	575
Pressure change during test (Maximum minus Minimum)	2	5
Was pressure change an increase or a decrease?	DECREASE	INCREASE

Well closed at (hour, date): __11:30 AM 10/19/2017__   Total Time On Production __25 HRS.__

Oil Production During Test: __0__ bbls; Grav. __N/A__ ; Gas Production During Test __19__ MCF; GOR __N/A__

Remarks: _____

FLOW TEST NO. 2

Both zones shut-in at (hour, date): __11:30 AM 10/19/17__

Well opened at (hour, date): __11:45 AM 10/19/17__

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	205	575
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	210	575
Minimum pressure during test	205	140
Pressure at conclusion of test	210	140
Pressure change during test (Maximum minus Minimum)	5	435
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): __8:30 10/20/17__   Total Time On Production __21 HRS__

Oil Production During Test: __0__ bbls; Grav. __N/A__ ; Gas Production During Test __0.25__ MCF; GOR __N/A__

Remarks: _____

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

Approved __11/14/17__ 20___
New Mexico Oil Conservation Division

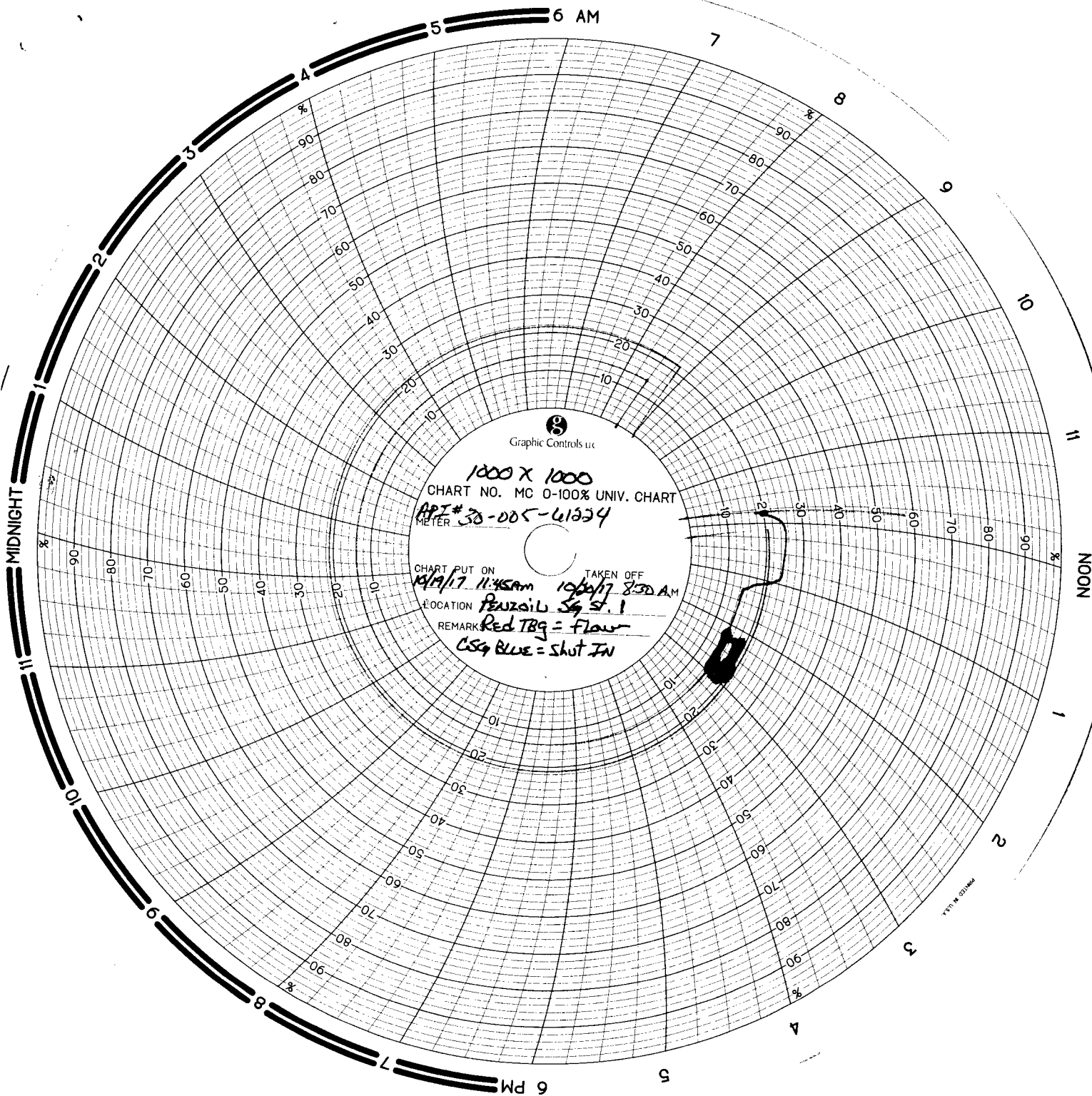**Accepted for record**
NMOCD

By _____

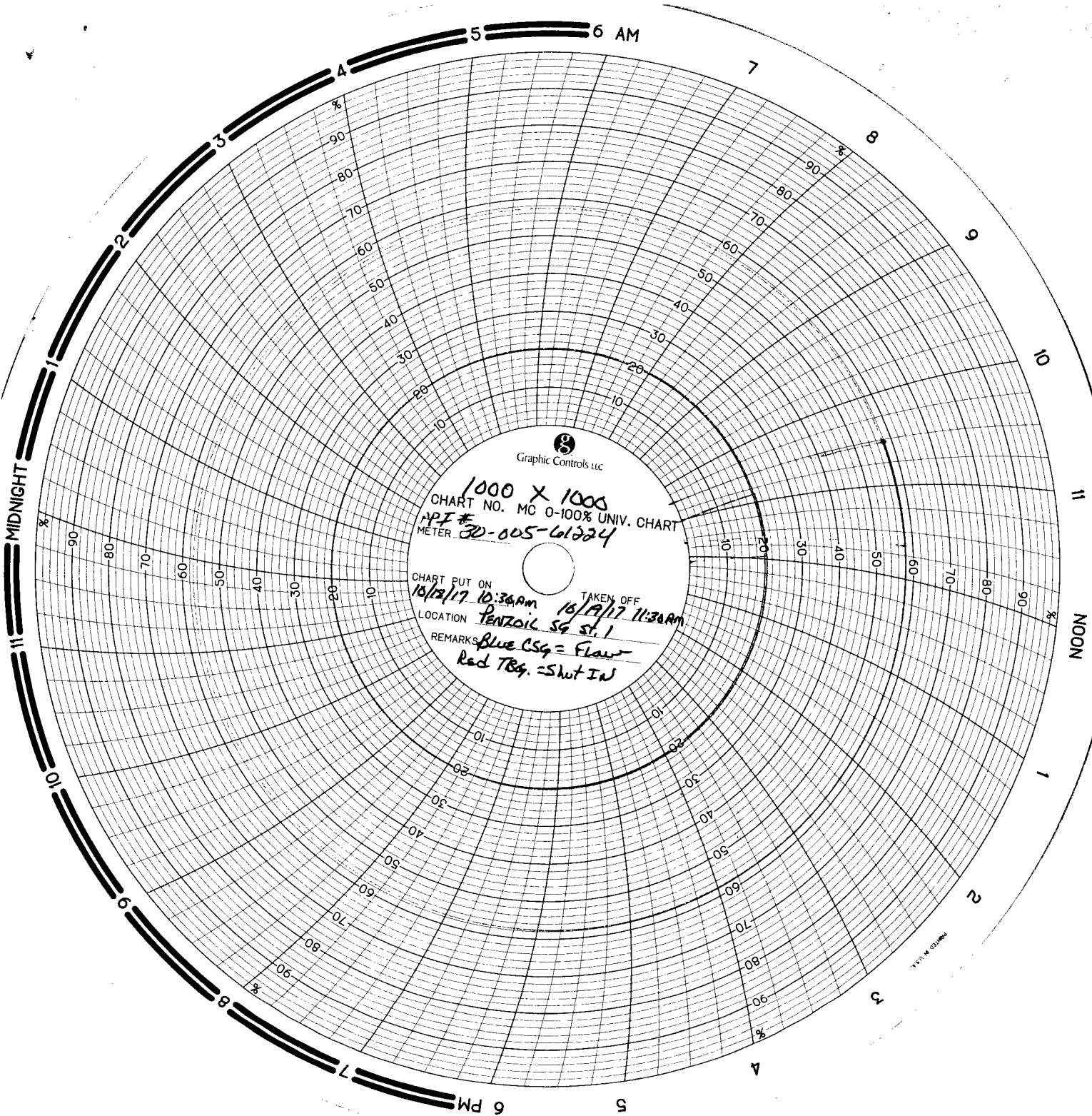Title _____

Operator __EOG Y RESOURCES__

By __JEFF DECK__

Title __MEASUREMENT Tech III__

E-mail Address __deck@questoffice.net__

Date __10/20/2017__

Graphic Controls LLC

1000 X 1000
CHART NO. MC 0-100% UNIV. CHART
API# 30-005-41224
METER

CHART PUT ON   TAKEN OFF
10/19/17 11:45AM   10/20/17 8:30 AM
LOCATION Penzoil Sg St. 1
REMARKS Red TBg = Flow
         CSg Blue = Shut In

Graphic Controls LLC

1000 X 1000
CHART NO. MC 0-100% UNIV. CHART
API #
METER 30-005-61224

CHART PUT ON
10/18/17 10:30 AM   TAKEN OFF
                          10/19/17 11:30 AM
LOCATION PENZOIL SG St. 1
REMARKS Blue CSG = Flow
Red TBG. = Shut IN