

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EOG Resources Well API # 30-005-63287
Well Name & No. ALLIED AUS SH. 2
Location Of Well: Unit L Section 33 Township 9S Range 26E County CHAVES

	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	<u>WOLF CAMP</u>	<u>GAS</u>	<u>Flow</u>	<u>CSG.</u>	<u>12/64</u>
Lower Completion	<u>ORDOVICIAN</u>	<u>GAS</u>	<u>Flow</u>	<u>TBG.</u>	<u>24/64</u>

FLOW TEST NO. 1
Both zones shut-in at (hour, date): 7:00 AM 10-11-18
Well opened at (hour, date): 9:15 AM 10-11-18
Indicate by (X) the zone producing..... NM OIL CONSERVATION ARTESIA DISTRICT
Pressure at beginning of test..... 120 Upper Completion X Lower Completion 445
Stabilized? (Yes or No)..... YES YES
Maximum pressure during test..... 185 445
Minimum pressure during test..... 120 110
Pressure at conclusion of test..... 185 110
Pressure change during test (Maximum minus Minimum)..... 65 335
Was pressure change an increase or a decrease?..... INCREASE DECREASE
Well closed at (hour, date): 6:00 PM 10-11-18 Total Time On Production 8.75 HRS
Oil Production 0 bbls; Grav. N/A Gas Production 10 MCF; GOR N/A
During Test: 0 bbls; Grav. N/A ; During Test 10 MCF; GOR N/A
Remarks: _____

FLOW TEST NO. 2
Both zones shut-in at (hour, date): 6:00 PM 10-11-18
Well opened at (hour, date): 6:15 AM 10-11-18
Indicate by (X) the zone producing..... X
Pressure at beginning of test..... 185 Upper Completion X Lower Completion 130
Stabilized? (Yes or No)..... YES YES
Maximum pressure during test..... 185 460
Minimum pressure during test..... 100 130
Pressure at conclusion of test..... 110 435
Pressure change during test (Maximum minus Minimum)..... 85 330
Was pressure change an increase or a decrease?..... DECREASE INCREASE
Well closed at (hour, date): 9:30 AM 10-12-18 Total Time On Production 15.25 HRS
Oil Production 0 bbls; Grav. N/A Gas Production 14 MCF; GOR N/A
During Test: 0 bbls; Grav. N/A ; During Test 14 MCF; GOR N/A
Remarks: _____

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

Approved _____ 20 _____ Operator EOG Resources
New Mexico Oil Conservation Division

Accepted For Record
By NMOCD Title MEASUREMENT TECH III
Date 12-11-2018 E-mail Address jdeck@egwestoffice.net
Date 10/12/2018