

Submit 3 Copies to
Appropriate Dist. OfficeState of New Mexico
Energy, Minerals and Natural Resources DepartmentINSTRUCTIONS ON REVERSE
SIDE

DISTRICT I

Hobbs, NM 88240
1625 North French Drive

DISTRICT II

1301 W. Grand Ave.
Artesia, NM 88210

OIL CONSERVATION DIVISION

1220 So. St. Francis Drive
Santa Fe, New Mexico 87505This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-015-23525

Operator Pogo Producing Company			Lease NEL Com			Well No. 1		
Location of Well	Unit I	Sec. 9	Twp 23S	Rge 28E	County Eddy			
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)		Check Size	
Upper Compl	Atoka		Gas	Flow	Csg		6/64	
Lower Compl	Morrow		Gas	Flow	Tbg		4/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 pm 10/10/03

Well opened at (hour, date): 2:30 pm 10/13/03

Indicate by (X) the zone producing.....Morrow

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 7:50 am 10/14/03

Oil Production

During Test: 0 bbls; Grav.

Gas Production

During Test 1.3

Total Time On
Production

17 hrs 20 mins

MCF; GOR

Remarks

Upper
CompletionLower
Completion

X

970

Yes

970

85

85

885

Decrease

FLOW TEST NO. 2

Well opened at (hour, date): 7:50 am 10/14/03

Indicate by (X) the zone producing.....Atoka

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 4:40 pm 10/14/03

Oil production

During Test: 0 bbls; Grav.

Gas Production

During Test .9

Total time on
Production

8 hrs 50 mins

MCF; GOR

Remarks

Upper
CompletionLower
Completion

X

1250

No

1250

345

345

905

Decrease

OPERATOR CERTIFICATE OF COMPLIANCE

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

Pogo Producing Company

Operator

Signature

Cathy Wright

Sr. Operation Tech

Printed Name

Title

11/11/03

432-685-8100

Date

Telephone No.

OIL CONSERVATION DIVISION

APPROVED NOV 14 2003

Date Approved

By

Title





