

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, New Mexico 87505

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

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

Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Five States Operating Company			Lease		Monsanto State Com		Well No.	
Location of Well		Unit	Sec.	Twp	Rge	County				
		K	14	16S	35E	Lea				
		Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift		Prod. Medium (Tbg. or Csg)		Choke Size	
Upper Compl	N. Shoe Bar Wolfcamp		Gas		SI		Csg		N/A	
Lower Compl	Townsend Morrow		Gas		Flow		Tbg		N/A	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:00 pm 05-26-99

Well opened at (hour, date): 2:00 pm 05-27-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	40	800
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	40	800
Minimum pressure during test.....	40	150
Pressure at conclusion of test.....	60	150
Pressure change during test (Maximum minus Minimum).....	20	650
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date): <u>2:00 pm 05-28-99</u>	Total Time On Production	<u>24 hrs</u>
Oil Production During Test: <u>0</u> bbls; Grav. <u>N/A</u>	Gas Production During Test	<u>156</u> MCF; GOR <u>—</u>
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): Zone is Not Producing

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
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): _____	Total time on Production	_____
Oil production During Test: _____ bbls; Grav. _____	Gas Production During Test	_____ MCF; GOR _____
Remarks _____		

OPERATOR CERTIFICATE OF COMPLIANCE

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

Five States Operating Company

Operator

Arthur N. Budge, Sr.

Signature

Arthur N. Budge, Sr. Ops Mgr

Printed Name

Title

06/03/99

(214) 560-2582

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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