

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Mobil Producing TX & NM INC.			Lease Bridges State			Well No. 126	
Location of Well	Unit J	Sec. 11	Twp 17S	Rge 34E	County Lea		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (lbg. or Csg)	Choke Size	
Upper Compl	Vacuum Middle Penn		TA'D				
Lower Compl	Atoka Morrow		Gas	Flow	Tubing	Full	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 am 9/25/2000

Well opened at (hour, date): 8:30 am 9/26/2000

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	30	490
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	30	490
Minimum pressure during test.....	30	110
Pressure at conclusion of test.....	30	110
Pressure change during test (Maximum minus Minimum).....	0	380
Was pressure change an increase or a decrease?.....	Same	Decrease
Well closed at (hour, date): 8:30 am 9/27/2000	Total Time On Production 24.0 hrs	
Oil Production	Gas Production	
During Test: 0 bbls; Grav. ---	During Test 310	MCF; GOR ---

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 am 9/28/2000

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	30	525
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	30	525
Minimum pressure during test.....	30	525
Pressure at conclusion of test.....	30	525
Pressure change during test (Maximum minus Minimum).....	0	0
Was pressure change an increase or a decrease?.....	Same	Same
Well closed at (hour, date): 8:30 am 9/29/2000	Total time on Production 24.0 hrs	
Oil production	Gas Production	
During Test: TA'D bbls; Grav. ---	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

Mobil Expl. & Prod. US INC. as agent MPTM

Signature

L. R. Fosha Completions Asst. Contract

Printed Name Title

10-26-2000 713-431-1826

Date Telephone No

OIL CONSERVATION DIVISION

Date Approved 10/31/00

By

Title