

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator MOBIL PRODUCING TX & NM INC.*		Lease Bridges STATE		Well No. 122	
Location of Well	Unit J	Sec. 11	Twp 17-S	Rgs 34-E	County Lea
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Top or Cap)	Completion
Upper Comp	VACUUM middle Penn	TAHO			
Lower Comp	ATOKA Morrow	GAS	Flow	Tubing	Full

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 10-4-99

Well opened at (hour, date): 8:30 AM 10-5-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	0	560
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0	560
Minimum pressure during test.....	0	100
Pressure at conclusion of test.....	0	100
Pressure change during test (Maximum minus Minimum).....	0	460
Was pressure change an increase or a decrease?.....	0	decrease

Well closed at (hour, date): 8:30 AM 10-26-99 Total Time On Production 24 HRS

Oil Production During Test: 0 bbls; Grav. — Gas Production During Test 325 MCF's MCF; GOR —

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 AM 10-7-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	0	560
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0	560
Minimum pressure during test.....	0	560
Pressure at conclusion of test.....	0	560
Pressure change during test (Maximum minus Minimum).....	0	560
Was pressure change an increase or a decrease?.....	SAME	SAME

Well closed at (hour, date): 8:30 AM 10-8-99 Total time on Production 24 HRS

Oil production During Test: TAHO 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

*MOBIL EXPL. & PROD. US INC. AS AGENT FOR MPTM

OPERATOR P.O. BOX 633, MIDLAND, TX 79702

D.G. Clay
SIGNATURE

Donald G. Clay
PRINTED NAME

MRS
TITLE

OIL CONSERVATION DIVISION

Date Approved 10-19-99By Larry W. WinkTitle MANAGER

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 025-22526
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MOBIL PRODUCING TX & NM INC.* *MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM		6. State Oil & Gas Lease No. B-1520
3. Address of Operator P.O. Box 633 Midland, TX 79702		7. Lease Name or Unit Agreement Name BRIDGES STATE BRIDGES STATE
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1830 Feet From The EAST Line Section SEC. 11 Township T-17-S Range R34E NMPM LEA County		8. Well No. 126
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4040.5 GL		9. Pool name or Wildcat VACUUM MIDDLE PENN

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **PACKER LEAKAGE TEST** ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-21-98--9-22-98 PACKER LEAKAGE TEST & CHART

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

SIGNATURE *Shirley Houchins* TITLE ENV & REG TECHNICIAN DATE 10-07-98
TYPE OR PRINT NAME SHIRLEY HOUCHINS TELEPHONE NO. 915 688-2585

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____