

Operator <u>MOBIL OIL CORP.</u>		Location <u>BRIDGES STATE</u>		Well No. <u>147</u>	
Location of Well	Unit <u>F</u>	Sec <u>13</u>	Twp <u>17 S</u>	Rge <u>34 E</u>	County <u>LOCA</u>
Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod (Flow, Art Lift)	Prod. Medium (Thz or Csg)	Choke Size
Upper Comp	<u>VAC. RBO N.</u>	<u>OIL</u>	<u>PUMP</u>	<u>TBS.</u>	<u>3"</u>
Lower Comp	<u>M-PENN.</u>	<u>OIL</u>	<u>PUMP</u>	<u>TBS.</u>	<u>2"</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 A.M. 9-12-73

Well opened at (hour, date): 8:30 A.M. 9-13-73

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>160</u>	<u>292</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>206</u>	<u>292</u>
Minimum pressure during test.....	<u>160</u>	<u>51</u>
Pressure at conclusion of test.....	<u>206</u>	<u>51</u>
Pressure change during test (Maximum minus Minimum).....	<u>46</u>	<u>241</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>8:30 AM 9-14-73</u>	Total Time On Production <u>24 HRS</u>	
Oil Production	Gas Production	
During Test: <u>52</u> bbls; Grav. <u>39.0</u> ;	During Test <u>269</u>	MCF; GOR <u>5173 / 1</u>
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 AM 9-15-73

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>278</u>	<u>319</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>278</u>	<u>420</u>
Minimum pressure during test.....	<u>47</u>	<u>319</u>
Pressure at conclusion of test.....	<u>47</u>	<u>420</u>
Pressure change during test (Maximum minus Minimum).....	<u>231</u>	<u>101</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>8:30 AM 9-16-73</u>	Total time on Production <u>24 HRS.</u>	
Oil Production	Gas Production	
During Test: <u>44</u> bbls; Grav. <u>37.4</u> ;	During Test <u>70</u>	MCF; GOR <u>1590 / 1</u>
Remarks _____		

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

Approved _____ 19____
New Mexico Oil Conservation Commission

Operator MOBIL OIL CORP.

By Christine C. Tucker

By _____
Title _____

Title Executive Clerk

Date 9-25-73







