

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>		Lease <u>SANDERSON A</u>			Well No. <u>13</u>	
Location of Well	Unit <u>G</u>	Sec. <u>14</u>	Twp <u>20S</u>	Rge <u>36E</u>	County <u>LEA</u>	
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	<u>EUMONT YTS TRVR GN</u>		<u>GAS</u>	<u>FLOW</u>	<u>Csg.</u>	<u>Open</u>
Lower Compl	<u>EUNICE MONUMENT GABA OIL</u>		<u>ART. LIFT</u>	<u>Tbg.</u>	<u>Open</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-3-89 1:00 pm

Well opened at (hour, date): 4-4-89 1:00 pm

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>170<sup>#</sup></u>	<u>140<sup>#</sup></u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>170<sup>#</sup></u>	<u>140<sup>#</sup></u>
Minimum pressure during test.....	<u>170<sup>#</sup></u>	<u>40<sup>#</sup></u>
Pressure at conclusion of test.....	<u>170<sup>#</sup></u>	<u>40<sup>#</sup></u>
Pressure change during test (Maximum minus Minimum).....	<u>- 0 -</u>	<u>100<sup>#</sup></u>
Was pressure change an increase or a decrease?.....	<u>NA</u>	<u>DECREASE</u>

Well closed at (hour, date): 4-5-89 1:00 pm Total Time On Production 24 hours

Oil Production During Test: 17 bbls; Grav. \_\_\_\_\_ Gas Production During Test: 24 MCF; GOR 1411

Remarks \_\_\_\_\_

FLOW TEST NO. 2

Well opened at (hour, date): 4-6-89 1:00 pm

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>170<sup>#</sup></u>	<u>150<sup>#</sup></u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>170<sup>#</sup></u>	<u>162<sup>#</sup></u>
Minimum pressure during test.....	<u>12<sup>#</sup></u>	<u>150<sup>#</sup></u>
Pressure at conclusion of test.....	<u>12<sup>#</sup></u>	<u>162<sup>#</sup></u>
Pressure change during test (Maximum minus Minimum).....	<u>158<sup>#</sup></u>	<u>12<sup>#</sup></u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>

Well closed at (hour, date): 4-7-89 1:00 pm Total time on Production 24 hours

Oil production During Test: 0 bbls; Grav. NA ; Gas Production During Test: 97 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

CONOCO INC.

Operator Harlan Robertson

Signature HARLAN ROBERTSON Prod. Tech.

Printed Name 4-7-89 Title \_\_\_\_\_

Date 505-397-5933 Telephone No \_\_\_\_\_

OIL CONSERVATION DIVISION

**APR 13 1989**

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title \_\_\_\_\_