

Appropriate Dist. Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

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 PHILLIPS PETROLEUM				Lease HOBBS		Well No. 4	
Location of Well	Unit N	Sec. 18	Twp 20S	Rge 37E	County 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	EUMONT						
Lower Compl	EUMONT / MONUMENT OIL Eumonte QUEEN / GRAYBURG SA OIL			AIR LIFT	TBG	@" FLO	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7/19/99 8:40AM

Well opened at (hour, date): 7/20/99 9:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	60	160
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	60	160
Minimum pressure during test.....	60	30
Pressure at conclusion of test.....	60	30
Pressure change during test (Maximum minus Minimum).....	0	130
Was pressure change an increase or a decrease?.....	0	decrease

Well closed at (hour, date): LEFT WELL PRODUCING Total Time On Production 24 hrs.

Oil Production During Test: 17 bbls; Grav. 42 Gas Production During Test 4 MCF; GOR .235

Remarks

FLOW TEST NO. 2

Well opened at (hour, date):

	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 NO FACILITIES OR FLOW LINE TO PRODUCE UPPER ZONE, TEST IS SATISFACTORY PER GARY WINK 'OCD

OPERATOR CERTIFICATE OF COMPLIANCE

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

Phillips Petroleum Company

Operator

Signature

K. R. Oberle, Coordinator Finance

Printed Name

Title

8/17/99

Date

(915) 368-1675

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

26

By

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title