Submit 3 Copies to 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
Energy, 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	Lease	Well No.
Amoco Production Company	Gillully B Fed. R/A /A/	6 Y

Location of Well	Unit	Sec.	Twp	Rge	County
	A	21	20	37	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-Yates-7 Rivers-QN	GAS	FLOW	Tbg.	
Lower Compl	Eunice Monument-GSA	GAS	FLOW	Tbg.	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:00 am; 9-29-90

Well opened at (hour, date): 9:00 am; 9-30-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	120	0
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	120	0
Minimum pressure during test	70	0
Pressure at conclusion of test	70	0
Pressure change during test (Maximum minus Minimum)	50	0
Was pressure change an increase or a decrease?	DECREASE	—

Well closed at (hour, date): 9:00 am; 10-01-90 Total Time On Production 24 hours

Oil Production During Test: Ø bbls; Grav. — Gas Production During Test 661 MCF; GOR —

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): Eunice Monument-GSA is shut in.

	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

OPERATOR CERTIFICATE OF COMPLIANCE

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

Amoco Production Company
Operator

Signature

Phillip W. Hill — Asst. Admin. Analyst
Printed Name — Title

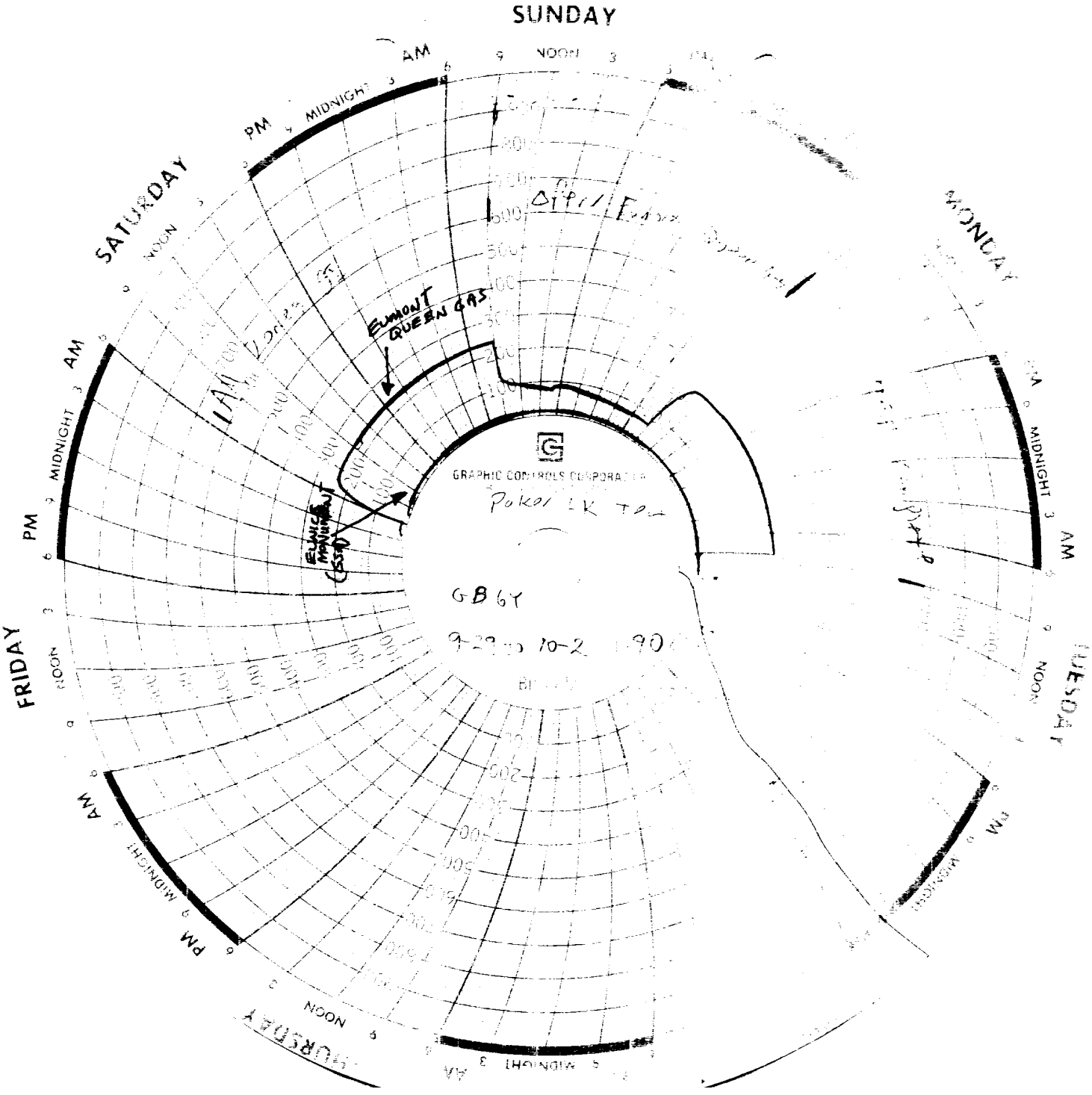
10-15-90 — 713/596-7614
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 23 1990

By Orig. Signed by Paul Kautz Geologist

Title


SUNDAY
MONDAY
TUESDAY
FRIDAY
SATURDAY
AM
PM
MIDNIGHT
NOON
GRAPHIC CONTROLS CORPORATION
EUMONT QUEEN GAS
EUMONT MONUMENT (SSW)
GBGY

09-29-90 All zones SI
09-30-90 Oil & Fumont Gas zone
10-1-90 All [illegible]
10-2-90 [illegible]

Red Fumont Queen zone
Blue Grayburg [illegible]

Gravity Red C4

RECEIVED
OCT 22 1990
OCD
HOBBS OFFICE