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	Amoco Production Company		Lease	Gillully B Federal RA A		Well No.	6Y
Location of Well	Unit A	Sec. 21	Twp 20	Rge 37		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 Queen	Gas	Flow	Tbg	
Lower Compl	Eunice Monument GSA	Gas	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 noon, July 6, 1989

Well opened at (hour, date): 9:00 am July 7, 1989

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	280	0
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	280	0
Minimum pressure during test	270	0
Pressure at conclusion of test	270	0
Pressure change during test (Maximum minus Minimum)	10	0
Was pressure change an increase or a decrease?	Decrease	—

Well closed at (hour, date): 6:00 am July 8, 1989 Total Time On Production 21 hours

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

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 am July 9, 1989

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	100	0
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	100	20
Minimum pressure during test	100	0
Pressure at conclusion of test	100	10
Pressure change during test (Maximum minus Minimum)	0	20
Was pressure change an increase or a decrease?		Increase

Well closed at (hour, date) 10:00 am July 10, 1989 Total time on Production 28 hours

Oil production During Test: 0 bbls; Grav. —; Gas Production During Test 378 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

Amelia Hartman
Signature

Amelia Hartman Asst Admin Analyst
Printed Name Title

8-7-89 (713) 584-7442
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 14 1989

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title