

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 MOBIL PRODUCING TX & NM INC.*			Lease E.O. CARSON #19			Well No. 19		
Location of Well	Unit L	Sec. 28	Twp 21S	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 Completion	Blindberry		GAS	Flow	Tbg.		Full	
Lower Completion	Tubbs		GAS	Flow	Tbg.		Full	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:45 a.m. 8-21-95

Well opened at (hour, date): 9:45 a.m. 8-22-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	140	160
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	140	160
Minimum pressure during test.....	120	20
Pressure at conclusion of test.....	120	20
Pressure change during test (Maximum minus Minimum).....	20	140
Was pressure change an increase or a decrease?.....	decrease	decrease
Well closed at (hour, date): <u>9:45 a.m. 8-23-95</u>	Total Time On Production <u>24 hrs.</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>173</u> MCF; GOR <u>—</u>	

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:45 a.m. 8-24-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	140	160
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	140	220
Minimum pressure during test.....	55	150
Pressure at conclusion of test.....	55	220
Pressure change during test (Maximum minus Minimum).....	85	70
Was pressure change an increase or a decrease?.....	decrease	increase
Well closed at (hour, date) <u>Left open</u>	Total time on Production <u>24 hrs.</u>	
Oil production During Test: <u>0</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>180</u> MCF; GOR <u>—</u>	

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

*MOBIL EXPL. & PROD. US INC. AS AGENT FOR MPTM

OPERATOR P.O. BOX 633, MIDLAND, TX 79702

SIGNATURE Manuel G. Dominguez

PRINTED NAME Manuel G. Dominguez TITLE meter tender

DATE 8-25-95 TELEPHONE NO. 915-524-1834

MP OIL CONSERVATION DIVISION

Date Approved AUG 30 1995

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____