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Appropriate Dist. Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

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

This form is not to be used for  
reporting packer leakage tests in  
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Mobil Producing Texas & NM, Inc.			Lease Carson Watson <i>com</i>			Well No. 2	
Location of Well	Unit 14	Sec. 33	Twp 21	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	<del>Blindberry</del> <i>Blindberry</i>		Gas	Flow	Tbg	Full	
Lower Compl	Tubos		Gas	Flow	Tbg	Full	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 11-17-89

	Upper Completion	Lower Completion
Well opened at (hour, date): 8:00 AM 11-18-89		
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	390	360
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	390	360
Minimum pressure during test.....	370	100
Pressure at conclusion of test.....	370	100
Pressure change during test (Maximum minus Minimum).....	20	260
Was pressure change an increase or a decrease?.....	decrease	decrease
Well closed at (hour, date): 8:00 AM 11-19-89	Total Time On Production 24 Hours	
Oil Production During Test: 0 bbls; Grav. _____	Gas Production During Test 66	MCF; GOR _____
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 8:00 AM 11-20-89	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	390	360
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	390	360
Minimum pressure during test.....	110	290
Pressure at conclusion of test.....	110	290
Pressure change during test (Maximum minus Minimum).....	280	70
Was pressure change an increase or a decrease?.....	decrease	decrease
Well closed at (hour, date) Left open	Total time on Production 24 Hours	
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

Mobil Producing TX & NM, Inc.

Operator

Signature

Shirley Todd for D. H. Clay

Printed Name

Title

11-28-89

Date

915-688-2585

Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 01 1989

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

RECEIVED

NOV 8 0 1989

OCD  
HOBBS OFFICE