

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Amoco Production Company</u>		Lease <u>Owen B</u>		Well No. <u>4</u>	
Location of Well	Unit <u>N</u>	Sec. <u>34</u>	Twp <u>21</u>	Rge <u>37</u>	County <u>Lea</u>
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	<u>Blinberry</u>	<u>Oil & Gas</u>	<u>Flow</u>	<u>Tbg</u>	
Lower Compl	<u>Drinkard</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 Am May 22, 1992

Well opened at (hour, date): 7:00 Am 5/23/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>40</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>100</u>	<u>0</u>
Minimum pressure during test.....	<u>40</u>	<u>0</u>
Pressure at conclusion of test.....	<u>80</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>60</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>—</u>
Well closed at (hour, date): <u>7:00 Am 5/24/91</u>	Total Time On Production <u>24 hours</u>	
Oil Production During Test: <u>2</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>413</u>	MCF; GOR <u>—</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): Drinkard 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

Nita S. White

Signature

Nita S. White Asst. Admin. Anal.

Printed Name

Title

6-11-92

Date

(713) 596-7639

Telephone No.

DP

OIL CONSERVATION DIVISION

Date Approved _____

Orig. Signed by

By

Paul Kautz

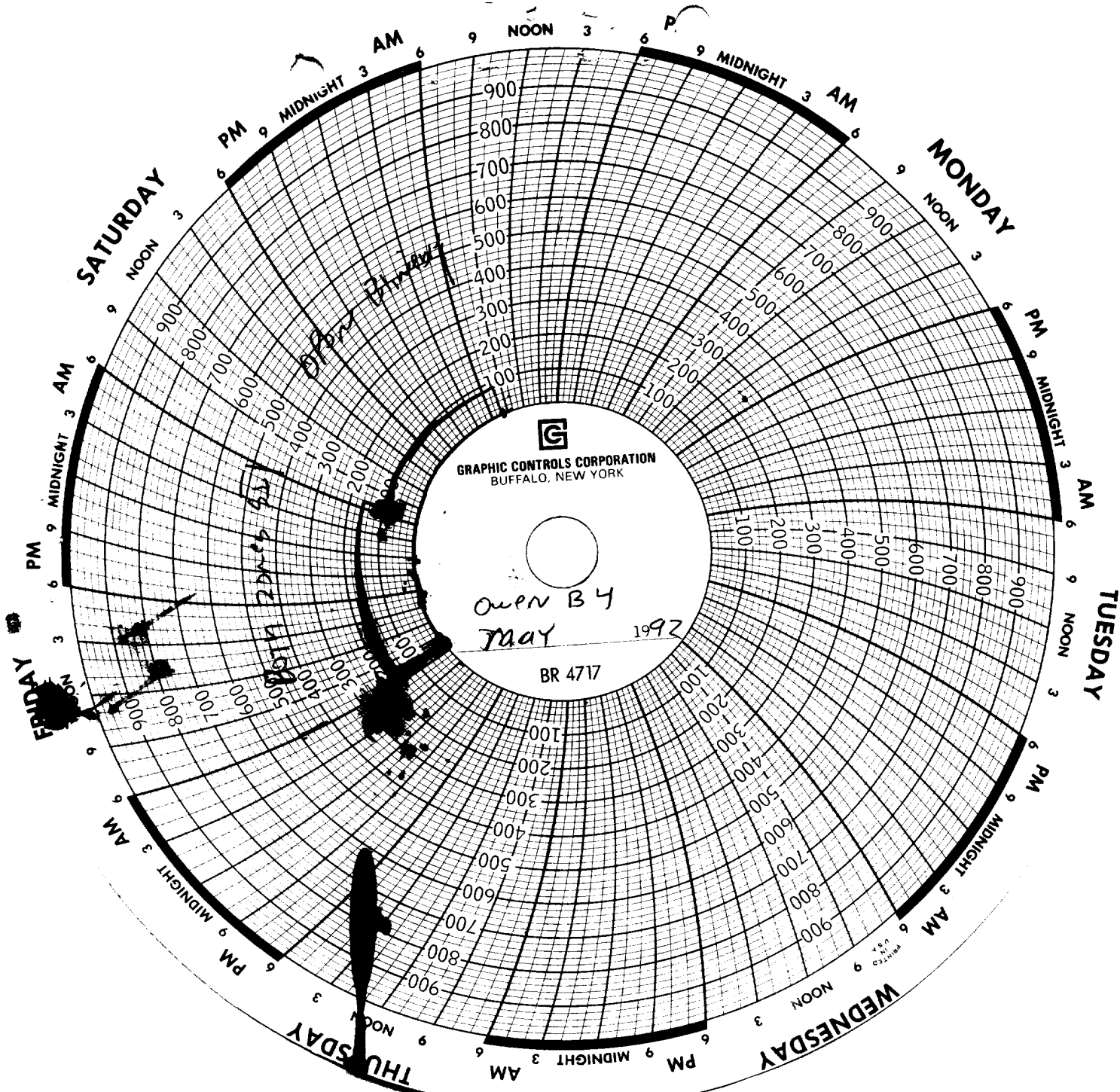
Geologist

Title _____

RECEIVED

JUN 17 1992

OCD HOBBS OFFICE



22 May 91
23 May 91
24 May 91

Botn 2nd SI
Open Blind
Test complete

Test 260 X 28 W X 413 mctD

RECEIVED
JUN 17 1992
OCD HOBBS OFFICE

Red Drinked
Blue Blinberry