Submit 3 Copies to Appropriate Dist. Office

State of New Mexico Energy, Minerals and Natural Resources D

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SIDE

INSTRUCTIONS ON REVERSE

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

Revised 1-1-89

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Amoco Production Company				Owen /B/		Well No.
Location of Well	Unit Sec. 34		Twp 21	Rge 37	County	1
	Name of Res	ervoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	Blinebry		Gas	Flow	Tbg.	
Lower	Dutaland		C	P1	mt -	

of Well N 34	1 21	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 Blinebry	Gas	Flow	Tbg.	-
Lower Compl Drinkard	Gas	Flow	Tbg.	
	FLOW TE	EST NO. 1		
Both zones shut-in at (hour, date): 7:00 am	; 5/31/91			
Well opened at (hour, date): 6:00 am	Upper Completion	Lower		
<del> </del>	•	Completion		
Indicate by (X) the zone producing	120	20		
Pressure at beginning of test			***	
Stabilized? (Yes or No)		•••••		Yes
Maximum pressure during test	•••••		120	20
Minimum pressure during test	•••••	••••••	110	20
Pressure at conclusion of test	•••••	••••••	110	20
Pressure change during test (Maximum minus Mini	imum)	••••••	10	
Was pressure change an increase or a decrease?	******	•••••	Decrease	
Well closed at (hour, date): $6:00$ am $6/2/9$	1	Total Time On Production	24	
Dil Production During Test: 2.0 bbls; Grav. 53.0	Gas Production During Test	<del></del>		:35
Remarks				·····
Well opened at (hour, date): Drinkard Shu	Upper Completion	Lower Completion		
ndicate by (X) the zone producing			<u>-</u>	Completion
Pressure at beginning of test			<del>.</del>	<del> </del>
tabilized? (Yes or No)				
				•
Maximum pressure during test				
Ainimum pressure during test				<del></del>
ressure at conclusion of test	••••••	•••••••••••••••••••••••••••••••••••••••		
ressure change during test (Maximum minus Mini	mum)			
Vas pressure change an increase or a decrease?		Total time on		
Vell closed at (hour, date)		Production		
bil production Ouring Test: bbls; Grav ;	Gas Production During Test			
emarks				
OPERATOR CERTIFICATE OF COM  I hereby certify that the information contained here		OIL CON	SERVATION D	IVISION
and completed to the best of my knowledge			JUNUT	
Amoco Production Company	· ·	Data Approves	<b>4011 v 1</b>	NV I
Operator		Date Approved		

Title.

I hereby certify that the information contained herein is true and completed to the best of my knowledge							
Amoco Production Company							
operator hadas							
Signature							
Cheryl L. Rhodes Asst. Admin. ANalyst							
Printed Name Title							
6///01 713, 556-2683							

Telephone No.

Date

Date	Approved JUN 0 7 1991	
3y	Eddie W. Seav	
	. Oil & Gas inspector	