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 | | Lease | | Well No. |
|---|---|---|---|---|
| CLAYTON WILLIAMS | | STATE A A/C 2 | | 63 |

| Location of Well | Unit | Sec. | Twp | Rge | County |
|---|---|---|---|---|---|
| | C | 11 | 22-S | 36-E | 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 | YATES | GAS | FLOW | CSG | OPEN |
| Lower Compl | 7 RIVERS QUEEN | GAS | FLOW | TBG | OPEN |

## FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM - 09/07/98

Well opened at (hour, date): 10:00 AM - 09/08/98

| | Upper Completion | Lower Completion |
|---|---|---|
| Indicate by ( X ) the zone producing | X | T.A. |
| Pressure at beginning of test | 22 | 0 |
| Stabilized? (Yes or No) | YES | YES |
| Maximum pressure during test | 22 | 0 |
| Minimum pressure during test | 10 | 0 |
| Pressure at conclusion of test | 10 | 0 |
| Pressure change during test (Maximum minus Minimum) | 12 | N.C. |
| Was pressure change an increase or a decrease? | DEC. | N.C. |

Well closed at (hour, date): 10:00 AM - 09/09/98 Total Time On Production 24 HOURS

Oil Production During Test: DRY GAS bbls; Grav. ---- Gas Production During Test 155 MCF; GOR ----

Remarks

## FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM - 09/10/98

| | Upper Completion | Lower Completion |
|---|---|---|
| Indicate by ( X ) the zone producing | | T.A. |
| 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

CLAYTON WILLIAMS
Operator

Ralph E. Erwin
Signature

RALPH E. ERWIN — TESTER
Printed Name — Title

09/29/98 — (505) 393-3725
Date — Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 06 1998

By ORIGINAL SIGNED BY GARY WINK FIELD REP. II

Title