

Submit 2 copies to Appropriate District Office.

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-116
Revised 1/1/89

GAS - OIL RATIO TEST

Operator Gruy Petroleum Management Co.		Pool Eumont, Yates-7 R/VRS-Queen (Gas)		County Lea											
Address P. O. Box 140907, Irving, TX 75014-0907		TYPE OF TEST - (X)		Scheduled <input checked="" type="checkbox"/> Special <input type="checkbox"/>											
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	Completion		PROD. DURING TEST		GAS - OIL RATIO CU FT/BBL.
		U	S	T	R						WATER BBL.S.	GRAV. OIL	OIL BBL.S.	GAS M.C.F.	
Britt Phillips <i>Robert Phillips</i>	2	E	10	20	37	02/16/00	28			24	0	0	0	70	0
Currie	1	V	5	21	37	02/21/00	20			24	0	34.4	1.5	5	3333
J Hiram Moore State	1	D	18	21	37	02/21/00	22			24	0	34.8	.5	37	74,000
State E	2	O	35	20	37	02/22/00	30			24	14	36.1	5	30	6000
Britt A	6	N	6	20	37	02/16/00	34			24	0	0	0	75	0
Brownlee	1	O	25	21	36	02/02/00	15			24	10	0	0	105	0
Brownlee	2	I	25	21	36	02/02/00	15			24	1	0	0	59	0
Carter	1	G	12	21	36	02/01/00	20			24	0	0	0	20	0
Coleman	1	J	17	21	36	02/11/00	15			24	0	0	0	11	0
Ellen Weir	1	M	3	20	37	02/09/00	26			24	0	0	0	51	0

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowable when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature

Susan Austin-Morse,

Sr. Production Analyst

Printed name and title

April 5, 2000 (972) 401 - 3111

Date Telephone No.