

Operator <b>Shell Oil Company</b>			Lease <b>Devonian State</b>			Well No. <b>1</b>	
Location of Well	Unit <b>NE 1/4</b>	Sec <b>20</b>	Twp <b>21S</b>	Rge <b>36E</b>	County <b>Lea</b>		
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	<b>Eumont Gas</b>	<b>Gas</b>	<b>Flow</b>	<b>Csg</b>	<b>Open</b>		
Lower Compl	<b>Eumont Oil</b>	<b>Oil</b>	<b>Flow shut in</b>	<b>Tbg</b>	<b>Open</b>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): June 4, 1972 @ 10:00 a.m.

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>June 5, 1972 @ 10:00 a.m.</u>		
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>626</u>	<u>347</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>626</u>	<u>347</u>
Minimum pressure during test.....	<u>626</u>	<u>347</u>
Pressure at conclusion of test.....	<u>452</u>	<u>347</u>
Pressure change during test (Maximum minus Minimum).....	<u>174</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Same</u>
Well closed at (hour, date): <u>June 6, 1972 @ 10:00 a.m.</u>	Total Time On Production <u>24</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>0</u> ;	During Test <u>1,126</u> MCF; GOR	<u>0</u>
Remarks <u>El Paso Nat. Gas Readings 100" x 1,000# sq. root meter</u>		
<u>4" x 2" orifice      6.0 Diff.      2.8 STATIC      54° Temp.</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>Oil Zone Shut in</u>		
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	Gas Production	
During Test: _____ bbls; Grav. _____ ;	During Test _____ MCF; GOR	_____
Remarks _____		

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

Approved JUN 19 1972 19 \_\_\_\_\_ Operator Shell Oil Company  
New Mexico Oil Conservation Commission By R. A. HALVERSON L. W. Johnson  
By \_\_\_\_\_ Title Product Accounting Supervisor  
Title Joe D. Ramey Date June 13, 1972  
Dist. I, Supv.

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HOUSTON, TEXAS

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