

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHWEST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Shell oil company</u>		Lease <u>Livingston</u>		Well No. <u>12</u>	
Location of Well	Unit <u>#1</u>	Sec. <u>4</u>	TWP <u>21 S</u>	Rge. <u>37 E</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>T. A.</u>	<u>Tubing</u>	
Middle Compl <u>Tubing</u>			<u>T. A.</u>	<u>Tubing</u>	
Lower Compl <u>Drinkard</u>			<u>T. A.</u>	<u>Tubing</u>	

FLOW TEST NO. 1

All zones shut-in (hour, date): Installed meter 3-9-87 @ 8⁰⁰ AM

Well opened at (hour, date): _____

	Upper Completion	Middle Completion	Lower Completion
Indicate by (X) the zone producing			
Pressure at beginning of test.	<u>0</u>	<u>55</u>	<u>525</u>
Stabilized? (Yes or No).	<u>YES</u>	<u>YES</u>	<u>YES</u>
Maximum pressure during test	<u>0</u>	<u>55</u>	<u>525</u>
Minimum pressure during test	<u>0</u>	<u>55</u>	<u>525</u>
Pressure at conclusion of test	<u>0</u>	<u>55</u>	<u>525</u>
Pressure change during test (Maximum minus Minimum).	<u>0</u>	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?	<u>Static</u>	<u>Static</u>	<u>Static</u>

Total Time on
Well closed at (hour, date): 8⁰⁰ AM 3-14-87 Production 0

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. —; During Test 0 MCF; GOR _____

Remarks All zones T.A. Installed Recorder to confirm status

FLOW TEST NO. 2

	Upper Completion	Middle Completion	Lower Completion
Well opened at (hour, date): _____			
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 decrease?			

Total Time on
Well closed at (hour, date): _____ Production _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 3

	Upper Completion	Middle Completion	Lower Completion
Well Opened at (hour, date): _____			
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 and increase or a decrease?			

Total Time on
Well closed at (hour, date): _____ 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: MAR 19 1987 19
New Mexico Oil Conservation Commission
By [Signature]
Title DISTRICT 1 SUPERVISOR

Operator Shell oil Co
By [Signature]
Title Lease Agent
Date March 15, 1987

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