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.
Amoco Production Company		Southland Royalty "A"		1
Location of Well Unit: G	Sec: 9	Twp: 21 S	Rge: 37 E	County: 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-Drinkard - Tubb	Oil	Art Lift	Tubing	
Lower Compl	Abo	Gas	Flow	Tubing	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:45 am 8-19-96

Well opened at (hour, date): 11:00 am 8-20-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test		139
Stabilized? (Yes or No)		Yes
Maximum pressure during test		139
Minimum pressure during test		19
Pressure at conclusion of test		19
Pressure change during test (Maximum minus Minimum)		120
Was pressure change an increase or a decrease?		Decrease

Well closed at (hour, date): 11:00 am 8-21-96 Total Time On Production: 24 hours

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test: 89 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 11:00 am 8-22-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	70	
Stabilized? (Yes or No)	YES	
Maximum pressure during test	70	
Minimum pressure during test	18	
Pressure at conclusion of test	18	
Pressure change during test (Maximum minus Minimum)	52	
Was pressure change an increase or a decrease?	Decrease	

Well closed at (hour, date): 11:00 am 8-23-96 Total time on Production _____

Oil production During Test: 1 bbls; Grav. _____; Gas Production During Test: 360 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

Amoco Production Company
Operator

Signature

Karen Ellis — Sr. Staff Assistant
Printed Name — Title

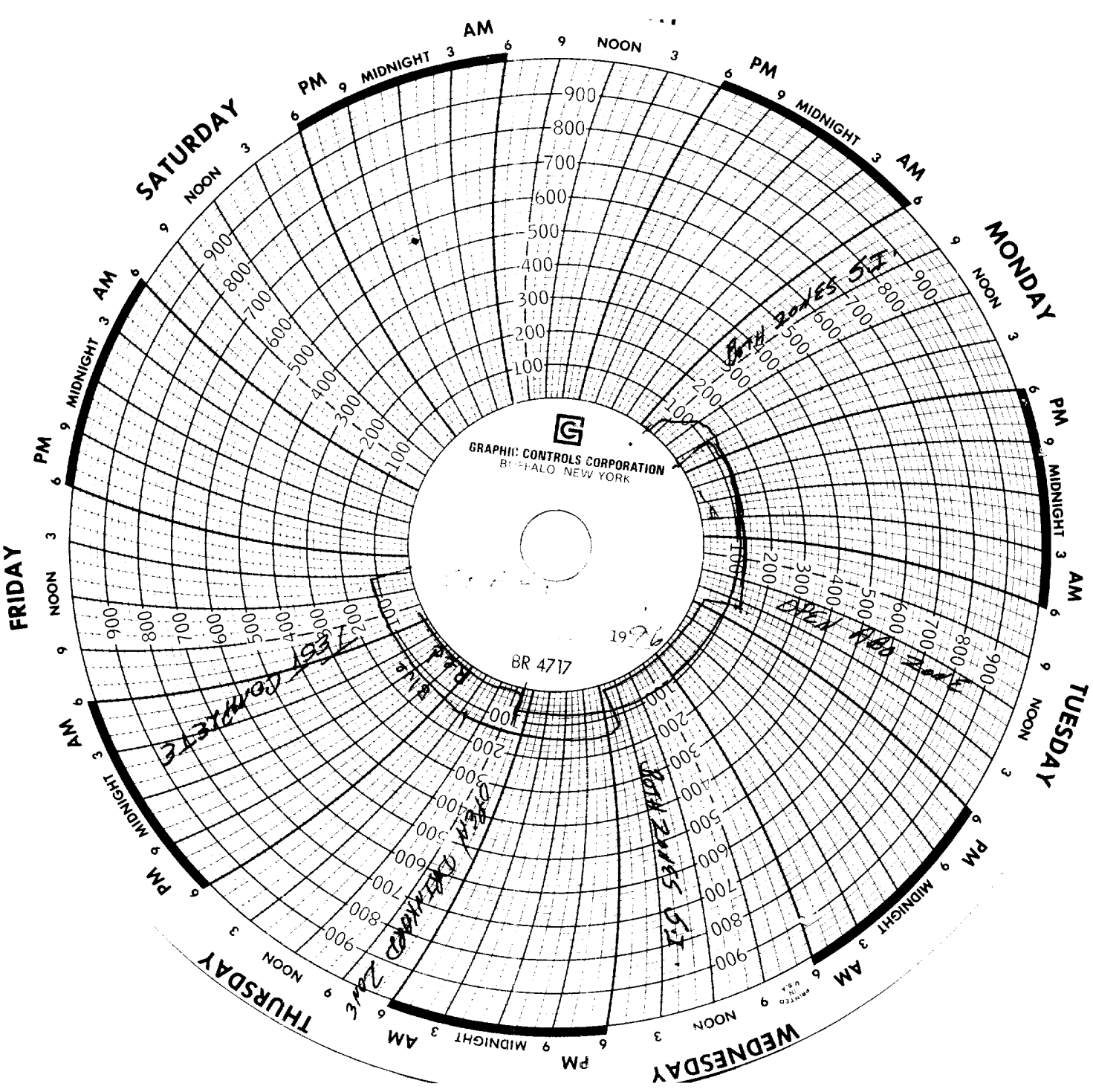
8/29/96 — 713-366-2170
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____


SATURDAY
SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
AM
PM
MIDNIGHT
NOON
GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
BR 4717

Red - Rimbard
Blue - Abo

8-19 - Both Zones S.I.
8-20 - Open Abo zone
8-21 - Both Zones S.I.
8-22 - Open Rimbard zone
8-23 - Test complete