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	Rge 37	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	Pumping	Tbg	
Lower Compl	Wantz-Abo	Gas	Pumping	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): Noon 5-17-95

Well opened at (hour, date): 3:00pm 5-18-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	80	180
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	80	220
Minimum pressure during test	40	180
Pressure at conclusion of test	40	220
Pressure change during test (Maximum minus Minimum)	40	40
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 3:00pm 5-19-95 Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 91 MCF; GOR ~~0~~

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): Noon 5/20/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	40	220
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	50	240
Minimum pressure during test	20	200
Pressure at conclusion of test	50	220
Pressure change during test (Maximum minus Minimum)	30	60
Was pressure change an increase or a decrease?	Decrease	Constant

Well closed at (hour, date) Noon 5/21/95 Total time on Production 24 hrs

Oil production During Test: 7 bbls; Grav. _____; Gas Production During Test 415 MCF; GOR 59,286

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

Dexina M Prince
Signature

Dexina M Prince, Staff Assistant
Printed Name Title

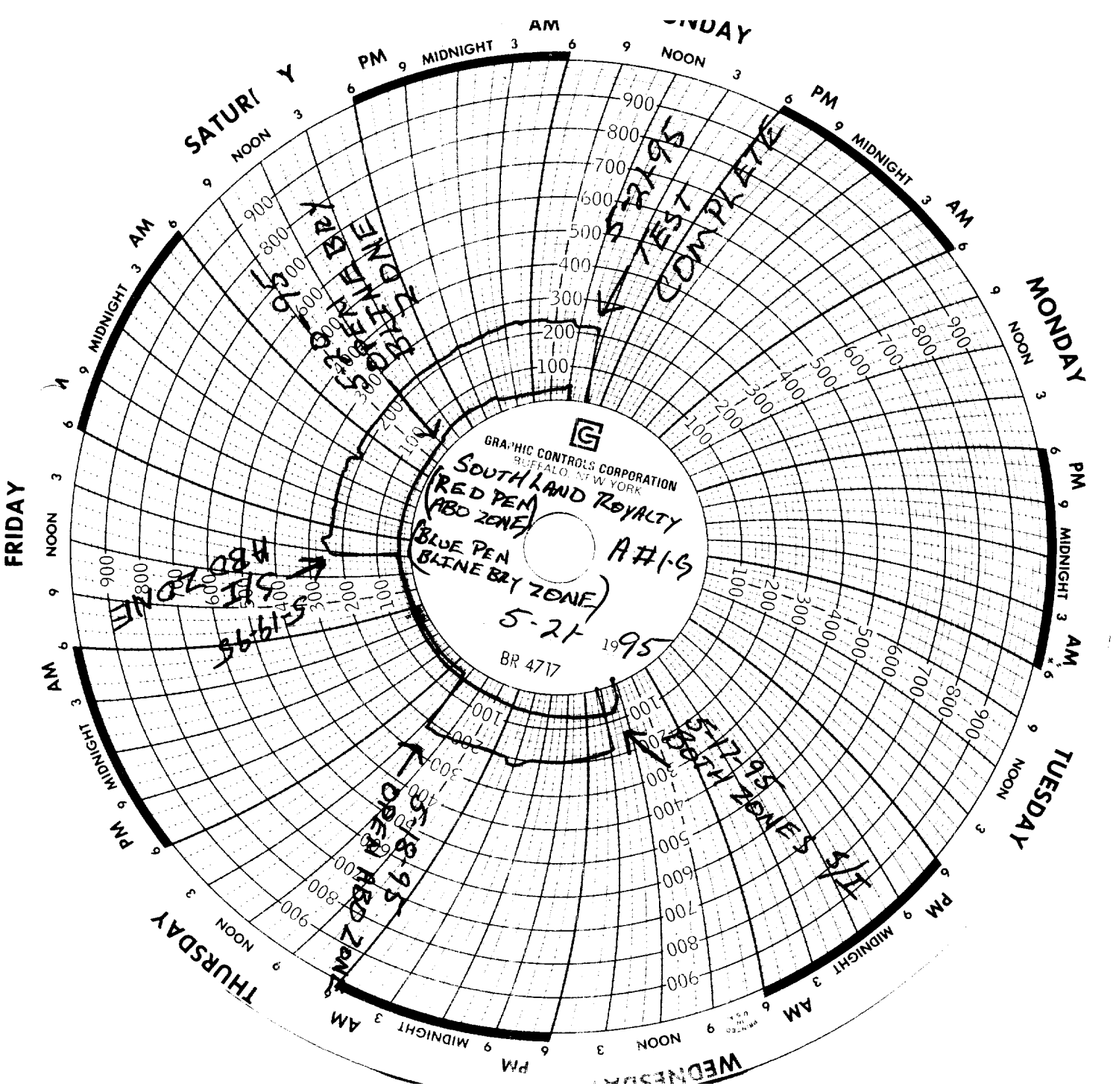
5/23/95 (713) 366-7686
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 25 1995
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
SOUTHLAND ROYALTY
(RED PEN
ABO ZONE)
(BLUE PEN
BLINEBRY ZONE)
5-21
1995
BR 4717
A#1-5
5-12-95 TEST COMPLETE
5-19-95 BLINEBRY ZONE
5-19-95 ABO ZONE
5-18-95 ABO ZONE
5-17-95 ABO ZONE
5-16-95 ABO ZONE
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
AM
PM
MIDNIGHT
NOON

Amoco Production Company

Well Test Report

Scheduled For Month Of

District: EUNICE FIELD OFFICE
Regulatory Field: BLINEBRY-DRINKARD-TUBBS (D/H COMM) 001609
Lease: SOUTHLAND ROYALTY "A"
Completion Zone: BLINEBRY-DRINKARD-TUBBS

Foreman Pumper: 1196 1197

Submitted By: [signature]

Checked By: ____

FLAC Well Horizon		
FLAC	Horiz Zone Sub	Chk Dig
924812	05	0
3		

Test Data

Control Number	Transaction Code	Date Test Started Mo	Da	Yr	Well Status Kind	Cond.	Type Test	Type Report	PRS Alloc	Hours Shut-In Prior To Test	Hours Produced Prior To Test	Length Of Test Hours	Min	Oil Barrels	Water Barrels	Gas MCF	Avg Hrs Prod Per Day Hours	Min
1		5	20	95	0	01				72		24	00	7.00	3.00	415.00	24	00
1	2	4			5	6	7	8	9	10	11	12	13	14	15	16	17	18

Sizes

Choke 64ths	Tubing Size O.D. In	16ths	Tubing Size I.D. In	16ths	Casing Size I.D. In	16ths	Injection String I.D. In	16ths
19	20		21		22		23	

Pressures (PSIG)

Separator	Line	Final Tubing	Initial Casing	Final Casing	Producing Bottom Hole	Shut-In Tubing
25		30				40
24	25	26	27	28	29	30

Gas Lift Or Hydraulic Lift

Gas Or Hydraulic Lift: Art Lift Substance	Injected Volume	Avg. Inj. Pressure	Gas Lift Only: Type	Choke 64ths	Cycle Time Minutes	Inj. Minutes Per Cycle
31	32	33	34	35	36	37

Pump Information

Strokes Per Minute	Stroke Length Inches	Pump Off Hours	Pump Off Min	Cycle Time For PO Hours	Cycle Time For PO Min	Pump Plunger Size 16ths	Pump Depth Feet	Jet Pump Nozzle Area	Jet Pump Throat Area
38	39	40	41	42	43	44	45	46	47

Oil-Cond

Observed Gravity	Obs Temp
48	49

Calculated Data Items

GOR Source	Formation GOR Cu Ft/Bbl	Input GFR MCF/Bbl	Gravity Corrected To 60 F Degrees	Percent Watercut	Water Gas Ratio	Volumetric Efficiency For Rod Pump

Schedule: Test Filed with Reg. Agency

Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		S												
2		S												
1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

Schedule: Test Gas Measured or Estimated

Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		G												
2		G												
1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

Schedule: Test Gas Not Measured or Estimated

Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		T												
2		T												
1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

Transaction Code
1 = To Delete
3 = To Add
6 = To Change

Type Well Test Code (See MC-2314)

Type Well Test Report Code (See MC-2315)

Artificial Lift Substance Code (See MC-2370)

Type Gas Lift Code (See MC-2316)

GOR Source Code (See MC-2371)

PRS Allocation Flag
Y = Yes (Default)
N = No

Remarks: PACKER LK TEST 1995

*** Field Numbers For Free Form Input * Shaded Field Number Areas Indicate Fields Required For New Test Data

Form 1549A Dec.86

Amoco Production Company

Well Test Report

Scheduled For Month Of

District EUNICE FIELD OFFICE
Regulatory Field WANTZ-ABO
Lease SOUTHLAND ROYALTY A 001609
Completion Zone WANTZ-ABO
Foreman Pumper 1196 - 1197

FLAC Well Horizon		
FLAC	Horiz Zone Sub	Chk Dig
924812	04	3

Submitted By Allen Meeks

Checked By

Control Number	Transaction Code	Test Data: Date Test Started Mo	Da	Yr	Well Status Kind	Cond.	Type Test	Type Report	PRS Alloc	Hours Shut-In Prior To Test	Hours Produced Prior To Test	Length Of Test Hours	Min	Production While On Test: Oil Barrels	Water Barrels	Gas MCF	Avg Hrs Prod Per Day Hours	Min
1		5	18	95	G	09				24		24	00	0	0	91 00		
* 1	2	4			5	6	7	8	9	10	11	12	13	14	15	16	17	18

Sizes: Choke 64ths	Tubing Size O.D. In	16ths	Tubing Size I.D. In	16ths	Casing Size I.D. In	16ths	Injection String I.D. In	16ths
19	20		21		22		23	

Pressures (PSIG): Separator	Line	Final Tubing	Initial Casing	Final Casing	Producing Bottom Hole	Shut-In Tubing
15		30				220
24	25	26	27	28	29	30

Gas Lift Or Hydraulic Lift: Gas Or Hydraulic Lift: Art. Lift Substance	Injected Volume	Avg. Inj. Pressure	Gas Lift Only: Type	Choke 64ths	Cycle Time Minutes	Inj. Minutes Per Cycle
31	32	33	34	35	36	37

Pump Information: Strokes Per Minute	Stroke Length Inches	Pump Off Hours	Pump Off Min	Cycle Time For PO Hours	Cycle Time For PO Min	Pump Plunger Size 16ths	Pump Depth Feet	Jet Pump: Nozzle Area	Throat Area
38	39	40	41	42	43	44	45	46	47

Oil-Cond: Observed Gravity	Obs Temp
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Calculated Data Items: GOR Source	Formation GOR Cu Ft/Bbl	Input GFR MCF/Bbl	Gravity Corrected To 60 F Degrees	Percent Watercut	Water Gas Ratio	Volumetric Efficiency For Rod Pump

Control Number	Transaction Code	Schedule: Test Filed with Reg. Agency: Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2		S												
* 1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

Control Number	Transaction Code	Schedule: Test Gas Measured or Estimated: Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2		G												
1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

Control Number	Transaction Code	Schedule: Test Gas Not Measured or Estimated: Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2		T												
1	2	4	5	6	7	8	9	10	11	12	13	14	15	16

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Remarks PACKER LK TEST 1995

Form 5549A Dec-86 Field Numbers For Free Form Input • Shaded Field Numbers Are Mainly For Batch Input For New Test Data