

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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 <u>Amoco Production Company</u>		Lease <u>Southland Royalty A</u>		Well No. <u>1</u>	
Location of Well	Unit <u>G</u>	Sec. <u>9</u>	Twp <u>21</u>	Rge <u>37</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>Blinbery - Drinkard - Tubb</u>	<u>Oil</u>	<u>Pumping</u>	<u>Tbg</u>	
Lower Compl	<u>Wantz - Abo</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tbg</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 4/11/94

Well opened at (hour, date): 9:00 4/12/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>100</u>	<u>400</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>YES</u>
Maximum pressure during test.....	<u>100</u>	<u>400</u>
Minimum pressure during test.....	<u>40</u>	<u>380</u>
Pressure at conclusion of test.....	<u>40</u>	<u>380</u>
Pressure change during test (Maximum minus Minimum).....	<u>60</u>	<u>20</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>decrease</u>
Well closed at (hour, date): <u>9:00 4/13/94</u>	Total Time On Production <u>24 hrs</u>	
Oil Production	Gas Production	
During Test: <u>13</u> bbls; Grav. _____	During Test <u>324</u>	MCF; GOR <u>24923</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 4/14/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>30</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>40</u>	<u>60</u>
Minimum pressure during test.....	<u>30</u>	<u>40</u>
Pressure at conclusion of test.....	<u>40</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>10</u>	<u>20</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>increase</u>
Well closed at (hour, date): <u>9:00 4/15/94</u>	Total time on Production <u>24 hrs</u>	
Oil production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>232</u>	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 Matthew C. Wines

Signature Matthew C. Wines Business Analyst

Printed Name _____ Title _____

Date 4/26/94 Telephone No. (713) 366-3744

OIL CONSERVATION DIVISION

Date Approved MAY 03 1994

By _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

RECEIVED

MAY 02 1994

**J. HUBBS
OFFICE**