

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Shell Oil Co.			Lease Livingston			Well No. 11	
Location of Well	Unit M	Sec. 3	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 Blinbry			Gas	Flow	Tubing	64/64	
Middle Compl Tubbs			Oil	Flow	Tubing		
Lower Compl Drinkard			Oil	Flow	Tubing		

FLOW TEST NO. 1

All zones shut-in (hour, date): **1:00 p.m. 3-24-80**

Well opened at (hour, date): **1:00 p.m. 3-25-80**

	Upper Completion	Middle Completion	Lower Completion
Indicate by (X) the zone producing.....	X		
Pressure at beginning of test.....	268	543	146
Stabilized? (Yes or No).....	yes	yes	yes
Maximum pressure during test.....	268	560	304
Minimum pressure during test.....	35	543	146
Pressure at conclusion of test.....	35	560	304
Pressure change during test (Maximum minus Minimum)	233	17	158
Was pressure change an increase or a decrease?.....	decrease	Increase	Increase
	Total Time on Production 24 hrs.		
Well closed at (hour, date): 1:00 p.m. 3-26-80			
Oil Production	Gas Production		
During Test: 0 bbls; Grav. _____	During Test _____ MCF; GOR _____		

Remarks **Well did not flow**

FLOW TEST NO. 2

	Upper Completion	Middle Completion	Lower Completion
Well opened at (hour, date): 1:00 p.m. 3-27-80			
Indicate by (X) the zone producing.....			
Pressure at beginning of test.....	272	573	304
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 Production _____		
Well closed at (hour, date): _____			
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 an increase or a decrease?.....			
	Total Time on Production _____		
Well closed at (hour, date): _____			
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 APR 1 1980 19 _____ Operator **Shell Oil Co.**
New Mexico Oil Conservation Commission By A. Ramirez
By Jerry Sexton Title **Supervisor Oil Accounting**
Title Dist. 1, Supv. Date **04-02-80**

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p>SUNDY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (SEE APPLICATION FOR PERMIT FOR FORM C-101 FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>6. Oil <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>6a. Name of Operator SHELL OIL COMPANY</p> <p>6b. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001</p> <p>6c. Location of Well UNIT LETTER M 3300 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 21-S RANGE 37-E N.M.P.M.</p>		<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name Livingston</p> <p>9. Well No. 11</p> <p>10. Field and Pool, or Wildcat Blinebry</p>
<p>11. Elevation (Show whether DF, RT, GR, etc.)</p>		<p>12. County Lea</p>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER TEMPORARY DISCONNECTION <input checked="" type="checkbox"/></p>		<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>	
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13. Description of Work or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Blinebry Zone under evaluation at this time. Mechanical problems were encountered.

The meter has been removed on this zone.

I, I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>A. J. Fore</u>	TITLE <u>A. J. Fore</u>	DATE <u>9-5-79</u>
APPROVED BY <u>Orig. Signed by Jerry Sexton Dist. 1. Supv.</u>	TITLE <u>Senior Engr. Technician</u>	DATE <u>SEP 10 1979</u>

CONDITIONS OF APPROVAL, IF ANY: