

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

OIL CONSERVATION DIVISION

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

INSTRUCTIONS ON REVERSE
SIDE

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

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Parker & Parsley Development LP</u>				Lease <u>State DC</u>		Well No. <u>1</u>	
Location of Well	Unit <u>F</u>	Sec. <u>19</u>	Twp <u>21S</u>	Rge <u>37E</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>Penn Skelly</u>		<u>Oil</u>	<u>Art Lift</u>	<u>Tbg</u>		
	<u>Paddock</u>		<u>Oil</u>	<u>Art Lift</u>	<u>Tbg</u>		
Lower Compl	<u>Blinebry</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>		
	<u>Drinkard</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>		

FLOW TEST NO. 1

Penn Skelly Paddock Blinebry Drinkard

Both zones shut-in at (hour, date): 10:30 AM, 8-19-96

Well opened at (hour, date): 8:30 AM, 8-20-96

Indicate by (X) the zone producing.....	X			
Pressure at beginning of test.....	30	370	110	0
Stabilized? (Yes or No).....	Yes	Yes	Yes	Yes
Maximum pressure during test.....	30	130	110	0
Minimum pressure during test.....	30	120	110	0
Pressure at conclusion of test.....	30	120	110	0
Pressure change during test (Maximum minus Minimum).....	--	10	--	--
Was pressure change an increase or a decrease?.....	--	Dec	--	--
Well closed at (hour, date): <u>2:30 PM, 8-20-96</u>	Total Time On Production <u>6 hrs</u>			
Oil Production During Test: <u>2</u> bbls; Grav. _____	Gas Production During Test <u>21</u> MCF; GOR <u>10,500</u>			

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): <u>8:00 AM 8-21-96</u>	Upper Completion		Lower Completion	
Indicate by (X) the zone producing.....			X	
Pressure at beginning of test.....	30	190	120	0
Stabilized? (Yes or No).....	Yes	Yes	Yes	Yes
Maximum pressure during test.....	30	210	60	0
Minimum pressure during test.....	30	190	50	0
Pressure at conclusion of test.....	30	190	50	0
Pressure change during test (Maximum minus Minimum).....	--	20	10	--
Was pressure change an increase or a decrease?.....	--	Dec	Dec	--
Well closed at (hour, date): <u>3:00 PM, 8-21-96</u>	Total time on Production <u>7 hrs</u>			
Oil production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>TSTM</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

Parker & Parsley Development LP

Operator

Signature

Shelley Bush

Proration Analyst

Printed Name

Title

8/26/96

Date

915/571-1265

Telephone No

OIL CONSERVATION DIVISION

Date Approved OCT 08 1996

By _____

Title _____

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 Parker & Parsley Development LP			Lease State DC			Well No. 1	
Location of Well	Unit F	Sec. 19	Twp 21S	Rge 37E	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	Penn Skelly		Oil	Art Lift	Tbg		
Lower Compl	Paddock		Oil	Art Lift	Tbg		
	Blinebry		Gas	Flow	Tbg		
	Drinkard		Gas	Flow	Tbg		

FLOW TEST NO. 3

Penn
Skelly Paddock Blinebry
Drinkard

Both zones shut-in at (hour, date):

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

	Upper Completion		Lower Completion	
Indicate by (X) the zone producing.....	X			
Pressure at beginning of test.....	30	190	40	0
Stabilized? (Yes or No).....	Yes	Yes	Yes	Yes
Maximum pressure during test.....	30	190	40	0
Minimum pressure during test.....	30	190	40	0
Pressure at conclusion of test.....	30	190	40	0
Pressure change during test (Maximum minus Minimum).....	--	--	--	--
Was pressure change an increase or a decrease?.....	--	--	--	--
Well closed at (hour, date): 3:00 PM, 8-22-96	Total Time On Production 7 hrs			
Oil Production	Gas Production			
During Test: -- bbls; Grav. --	During Test -- MCF; GOR --			

Remarks Well has mechanical problems and cannot pump.

FLOW TEST NO. 2/4

	Upper Completion		Lower Completion	
Well opened at (hour, date): 8:00 AM, 8-23-96				
Indicate by (X) the zone producing.....			X	
Pressure at beginning of test.....	30	190	40	0
Stabilized? (Yes or No).....	Yes	Yes	Yes	Yes
Maximum pressure during test.....	30	190	40	0
Minimum pressure during test.....	30	190	40	0
Pressure at conclusion of test.....	30	190	40	0
Pressure change during test (Maximum minus Minimum).....	--	--	--	--
Was pressure change an increase or a decrease?.....	--	--	--	--
Well closed at (hour, date) 12:00 PM, 8-23-96	Total time on Production 4 hrs			
Oil production	Gas Production			
During Test: -- bbls; Grav. --	During Test -- MCF; GOR --			

Remarks Well is dead.

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledge

Parker & Parsley Development LP

Operator

Signature

Shelley Bush

Proration Analyst

Printed Name

Title

8/26/96

915/571-1265

Date

Telephone No

OIL CONSERVATION DIVISION

Date Approved

By

Title