

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>State CK</u>		Well No. <u>1</u>	
Location of Well	Unit <u>N</u>	Sec. <u>19</u>	Twp. <u>21-S</u>	Rge <u>37-E</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>Paddock</u>	<u>Oil</u>	<u>Pump</u>	<u>Tbg.</u>	
Lower Compl	<u>Drinkard</u>	<u>Oil</u>	<u>Pump</u>	<u>Tbg.</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM ; 5/26/92

Well opened at (hour, date): 9:00 AM ; 5/27/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>160</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>160</u>	<u>40</u>
Minimum pressure during test.....	<u>150</u>	<u>30</u>
Pressure at conclusion of test.....	<u>150</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>10</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Decrease</u>
Well closed at (hour, date): <u>9:00 AM ; 5/28/92</u>	Total Time On Production <u>24 hours</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test: <u>0</u>	MCF; GOR <u>0</u>
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 AM ; 5/29/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>60</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>60</u>	<u>40</u>
Minimum pressure during test.....	<u>60</u>	<u>40</u>
Pressure at conclusion of test.....	<u>60</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>—</u>	<u>—</u>
Well closed at (hour, date): <u>9:00 AM ; 5/30/92</u>	Total time on Production <u>24 hours</u>	
Oil production During Test: <u>53.3</u> bbls; Grav. _____	Gas Production During Test: <u>21</u>	MCF; GOR <u>394 MCF</u>
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
Kim A. Calvin

Signature
Kim A. Calvin Asst. Admin. Analyst

Printed Name
6/15/92 713/596-7686

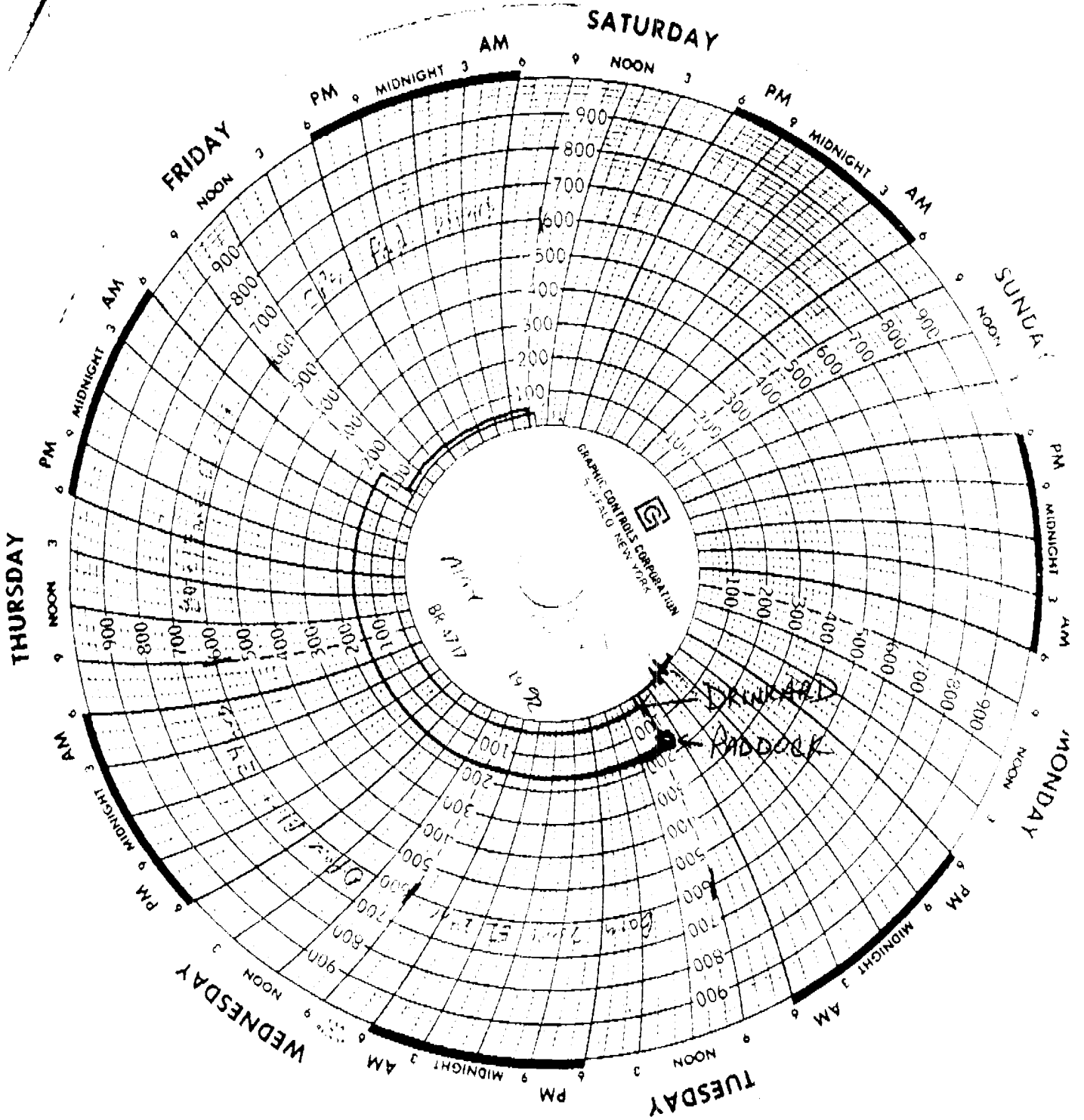
Date
6/15/92 Telephone No. 713/596-7686

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____



26 May Both ST 24
27 May Open ST 24
28 May Both ST 24
29 May Open pad 24
30 May Test complete
30 May 531380 X 41280 X 21m x D
30 May Pad Test
28 May Drink Obv X Obv X 0m x D
30 May Drink
Red Drink
Blue Pad

RECEIVED

JUN 17 198

GOO HOBBS 017