Submit 3 Copies to Appropriate Dist. Office

State of New Mexico energy, Minerals and Natural Resources Depa. ent Revised 1-1-89

INSTRUCTIONS ON REVERSE

SIDE This form is not to be used for

reporting packer leakage tests in Northwest New Mexico

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT 11

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Lease Amoco Production Company State /CK/				Well No.	
Location Unit	Sec.	Twp	Rge 37-E	County	<u>-</u>
of Well	K 19	21-S Type of Prod.	Method of Prod.	Lea Prod. Medium	Choke Size
Jpper	ame of Reservoir or Pool	(Oil or Gas)	Flow, Art Lift	(Tbg. or Csg)	
Compl Pade	dock	Oil	Pump	Tubing	
	nebry-Drinkard (DHC	Oil	Pump	Tubing	
		FLOW T	EST NO. 1		
oth zones shut-in	at (hour, date): 12:00 N	Noon; 5/26/91			
Well opened at (hour, date): 12:00 Noon; 5/27/91				Upper Completion	Lower Completion
				-	X
Indicate by (X) the zone producing.					
Pressure at beginning of test.				260	90
Stabilized? (Yes or No)				No	Yes
Maximum pressure during test				260	90
Minimum pressure during test				80	10_
Pressure at conclusion of test					60
					80
Pressure change during test (Maximum minus Minimum)					
Vas pressure change an increase or a decrease?				Decrease	_ Decrease
Vell closed at (hour, date): 12:00 Noon; 5/28/91 Production Gas Production				24 hours	
uring Test: 16 bbls; Grav. During Test 80			MCF; GOR 5000		
emarks					
	12.00 1	FLOW TI n; 5/29/91	EST NO. 2	Upper	Lower
Vell opened at (hour, date): 12:00 Noon; 5/29/91				Completion	Completion
ndicate by (X)	the zone producing	••••••		X	
Pressure at beginning of test				110	60
Stabilized? (Yes or No)				Yes	Yes
Maximum pressure during test				110	60_
Minimum pressure during test					30
Pressure at conclusion of test					30
Pressure change during test (Maximum minus Minimum)				50	30
Vas pressure chang	e an increase or a decrease?)		Decrease	_Decrease
	r, date) 12:00 No		_ 11000000001	4 hours	
Oil production Ouring Test: 30.	8 bbls; Grav.	Gas Production : During Test	167 MC	TF: GOR 5.422	
				, JON 5, 122	
	CERTIFICATE OF C				
				SERVATION D	IVISION
	roduction Company		Date Approved		1881
Operator	<u></u>				
Signature	Colum		Ву	<u></u>	
J	Colvin Aggt Admi	- A1+			
Kim A. C	OIVIN ASSL. AUNI	n. Analyst	Title		

713/596-7636

Telephone No.

6/4/91 Date