

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

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

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>AMOCO PRODUCTION COMPANY</u>		Lease <u>STATE CK</u>		Well No. <u>2</u>	
Location of Well	Unit <u>N</u>	Sec. <u>19</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>PADDOCK</u>		<u>DIL</u>	<u>ART. LIFT</u>	<u>TBG.</u>
Lower Compl	<u>BLINDERY</u>		<u>DIL+GAS</u>	<u>ART. LIFT</u>	<u>TBG.</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:15 A.M. 10-22-96

Well opened at (hour, date): 9:30 A.M. 10-23-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....		<u>200</u>
Stabilized? (Yes or No).....		<u>YES</u>
Maximum pressure during test.....		<u>280</u>
Minimum pressure during test.....		<u>200</u>
Pressure at conclusion of test.....		<u>300</u>
Pressure change during test (Maximum minus Minimum).....		<u>80</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>

Well closed at (hour, date): 9:30 A.M. 10-24-96

Oil Production _____ Gas Production _____ Total Time On Production 24 HRS.

During Test: 1 bbls; Grav. _____ During Test 75 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:30 A.M. 10-25-96</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>20</u>	
Stabilized? (Yes or No).....	<u>YES</u>	
Maximum pressure during test.....	<u>40</u>	
Minimum pressure during test.....	<u>15</u>	
Pressure at conclusion of test.....	<u>0</u>	
Pressure change during test (Maximum minus Minimum).....	<u>45</u>	
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	

Well closed at (hour, date): 9:30 A.M. 10-26-96

Oil production _____ Gas Production _____ Total time on Production 24 HRS.

During Test: 10 bbls; Grav. _____ ; During Test 3 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
Jessie Shaffer
Signature
JESSIE SHAFFER
Printed Name
10-29-96
Date
394-2219
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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P.O. Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION

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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>44000 Production Company</u>		Lease <u>1-1-89</u>		Well No. <u>2</u>	
Location of Well <u>11</u>	Unit <u>19</u>	Sec. <u>19</u>	Twp <u>20</u>	Rge <u>20</u>	County <u>1</u>
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Lbg. or Csg)	Choke Size
Upper Compl <u>PERFOR</u>		<u>Oil</u>	<u>Art</u>	<u>Oil</u>	
Lower Compl <u>ELINE 891</u>		<u>Oil + Gas</u>	<u>Art</u>	<u>Oil</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10 15 PM 1-1-89

Well opened at (hour, date): 9:30 AM 1-2-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....		<u>200</u>
Stabilized? (Yes or No).....		<u>YES</u>
Maximum pressure during test.....		<u>200</u>
Minimum pressure during test.....		<u>190</u>
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		<u>10</u>
Was pressure change an increase or a decrease?.....		<u>Decrease</u>
Well closed at (hour, date): <u>9:30 AM 1-2-89</u>	Total Time On Production <u>1-2-89</u>	
Oil Production	Gas Production	
During Test: <u>1</u> bbls; Grav. <u>1</u>	During Test <u>1</u>	MCF; GOR <u>1</u>
Remarks <u></u>		

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM 1-2-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>1</u>	
Pressure at beginning of test.....	<u>20</u>	
Stabilized? (Yes or No).....	<u>YES</u>	
Maximum pressure during test.....	<u>20</u>	
Minimum pressure during test.....	<u>20</u>	
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	
Well closed at (hour, date): <u>9:30 AM 1-2-89</u>	Total time on Production <u>1-2-89</u>	
Oil production	Gas Production	
During Test: <u>10</u> bbls; Grav. <u>1</u>	During Test <u>1</u>	MCF; GOR <u>1</u>
Remarks <u></u>		

OPERATOR CERTIFICATE OF COMPLIANCE

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

Operator

Signature

Printed Name

Title

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1-2-89

By

Title

INSTRUCTIONS FOR SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such test shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be notified.
3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized and for minimum of two hours thereafter, provided, however, that they need not remain shut-in more than 24 hours.
4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for minimum of two hours thereafter, provided however that the flow test need not continue for more than 24 hours.
5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the previously shut-in zone is produced.
7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with deadweight tester at least twice, once at the beginning and once at the end, of each flow test.
8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Division on Southeast New Mexico Packer Leakage Test Form Revised 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.