

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 Co.</u>		Lease <u>State OK</u>		Well No. <u>3</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>Oil</u>	<u>pumping</u>	<u>tubing</u>	
Lower Compl	<u>Blinberry</u>	<u>Gas</u>	<u>flowing</u>	<u>tubing</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3:00 9/27/93

Well opened at (hour, date): 3:00 9/28/93

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>40</u>	<u>170</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>40</u>	<u>180</u>
Minimum pressure during test.....	<u>20</u>	<u>170</u>
Pressure at conclusion of test.....	<u>30</u>	<u>180</u>
Pressure change during test (Maximum minus Minimum).....	<u>20</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date): <u>3:00 9/29/93</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>25</u> bbls; Grav. _____	Gas Production During Test: <u>4</u>	MCF; GOR <u>160</u>
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 3:00 9/30/93

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>30</u>	<u>180</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>40</u>	<u>180</u>
Minimum pressure during test.....	<u>20</u>	<u>20</u>
Pressure at conclusion of test.....	<u>40</u>	<u>90</u>
Pressure change during test (Maximum minus Minimum).....	<u>20</u>	<u>160</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>decrease</u>
Well closed at (hour, date): <u>3:00 10/1/93</u>	Total time on Production <u>24 hrs.</u>	
Oil production During Test: <u>.1</u> bbls; Grav. _____	Gas Production During Test: <u>195</u>	MCF; GOR <u>1,450,000</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 Co.

Operator

Matthew C. Wines

Signature

Matthew C. Wines Business Analyst

Printed Name

Title

11/29/93

(713) 366-3714

Date

Telephone No.

OIL CONSERVATION DIVISION

SEP 10 1993

Date Approved \_\_\_\_\_

By \_\_\_\_\_

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_