

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>SHELL OIL CO</u>		Lease <u>RINE WALT</u>			Well No. <u>4</u>	
Location of Well	Unit <u>C</u>	Sec. <u>4</u>	Twp <u>22S</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>Tubbs</u>		<u>GAS</u>	<u>Flowing w/Plunger</u>	<u>Tbg</u>	<u>32/64</u>
Lower Compl	<u>Drinkard</u>		<u>OIL</u>	<u>Flowing w/Plunger</u>	<u>Tbg</u>	<u>32/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 AM June 2, 1994

Well opened at (hour, date): 2:00 PM June 2, 1994

	Upper Completion <u>X Tubbs (3/4")</u>	Lower Completion <u>Drink (2")</u>
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	<u>204</u>	<u>174</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>204</u>	<u>174</u>
Minimum pressure during test.....	<u>24"</u>	<u>174</u>
Pressure at conclusion of test.....	<u>24"</u>	<u>174</u>
Pressure change during test (Maximum minus Minimum).....	<u>180"</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Dec.</u>	<u>STAY SAME</u>
Well closed at (hour, date): <u>10:05 A.M.</u>	Total Time On Production <u>20 hrs</u>	
Oil Production During Test: <u>1</u> bbls; Grav. <u>40'</u>	Gas Production During Test <u>58</u> MCF; GOR _____	

Remarks _____

FLOW TEST NO. 2

	<u>Leave shut Upper Completion</u>	<u>Open Lower Completion</u>
Well opened at (hour, date): <u>6-4-94 9:35 AM</u>		<u>X</u>
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	<u>110</u>	<u>160"</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>125</u>	<u>160</u>
Minimum pressure during test.....	<u>110</u>	<u>15</u>
Pressure at conclusion of test.....	<u>125"</u>	<u>15"</u>
Pressure change during test (Maximum minus Minimum).....	<u>+15</u>	<u>-145</u>
Was pressure change an increase or a decrease?.....	<u>Incr.</u>	<u>Decr.</u>
Well closed at (hour, date) <u>8:55 AM 6-5-94</u>	Total time on Production <u>23 1/2 Hrs.</u>	
Oil production During Test: <u>1</u> bbls; Grav. <u>37'</u>	Gas Production During Test <u>24</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

SHELL Western Corp
Operator
Jim King
Signature
Jim King
Printed Name
6-5-94
Date
Prod Oper.
Title
397-3561
Telephone No.

OIL CONSERVATION DIVISION
JUN 07 1994

Date Approved _____
By ORIGINAL SIGNED BY JUDY SEXTON
District Supervisor
Title _____