Submit 3 Copies to Appropriate Dist. Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

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			Lease		Well No.
Mobil Producing TX & NM Inc			Brunson Argo		13
Location of Well: Unit	Sec.	Twp	Rge	County	
A	9	22	37	Lea	

	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	Blinebry	Gas	Art Lift	Tbg	Full
Lower Compl	Drinkard	Gas	Flow	Tbg	Full

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:15 am 4-3-89

Well opened at (hour, date): 9:15 am 4-4-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	380	435
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	380	435
Minimum pressure during test	350	220
Pressure at conclusion of test	350	220
Pressure change during test (Maximum minus Minimum)	30	215
Was pressure change an increase or a decrease?	decrease	decrease

Well closed at (hour, date): 9:15 am 4-5-89 Total Time On Production 24 hrs.

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 101 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:15 am 4-16-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	410	460
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	410	460
Minimum pressure during test	110	390
Pressure at conclusion of test	110	390
Pressure change during test (Maximum minus Minimum)	300	70
Was pressure change an increase or a decrease?	decrease	decrease

Well closed at (hour, date) Left Open Total time on Production 24 hrs.

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 37 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

Mobil Producing TX & NM INc.

Operator

Shirley Todd for D. G. Clay

Signature

D. G. Clay

Printed Name

Title

4-7-89

Date

(505)393-3315

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 18 1989

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title