

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

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

INSTRUCTIONS ON REVERSE
SIDE

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 MOBIL PRODUCING TEXAS & NEW MEXICO INC.			Lease BRUNSON ARGO			Well No. 15	
Location of Well	Unit F	Sec. 10	Twp 22S	Rge 37E	County LEA		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Cag)	Choke Size	
Upper Compl	TUBB (PRORATED GAS)		GAS	FLOW	CASING	FULL	
Lower Compl	DRINKARD		GAS	FLOW	TBG.	FULL	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:50 A.M. 1/17/94

Well opened at (hour, date): 8:50 A.M. 1/18/94	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	5	130
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	5	130
Minimum pressure during test.....	5	25
Pressure at conclusion of test.....	5	25
Pressure change during test (Maximum minus Minimum).....	SAME	105
Was pressure change an increase or a decrease?.....	SAME	DECREASE
Well closed at (hour, date): 8:50 A.M. 1/19/94	Total Time On Production 24 HOURS	
Oil Production During Test: 0 bbls; Grav. --	Gas Production During Test 166 MCF; GOR ---	

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 8:50 A.M. 1/20/94	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	5	130
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	5	150
Minimum pressure during test.....	0	130
Pressure at conclusion of test.....	0	150
Pressure change during test (Maximum minus Minimum).....	5	20
Was pressure change an increase or a decrease?.....	DECREASE	INCREASE
Well closed at (hour, date) 8:50 A.M. 1/21/94	Total time on Production 24 HOURS	
Oil production During Test: 0 bbls; Grav. --	Gas Production During Test 0 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 Expl.& Prod.US Inc. as Agent for MPTM

OPERATOR

Patricia B. Swanner

SIGNATURE

Patricia B. Swanner

Reg. Tech/Asst.III

PRINTED NAME

TITLE

2/1/94

(713) 775-2081

DATE

TELEPHONE NO.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title