En 3y, Minerals and Natural Resources Dep. nent

Revised 1-1-89

<u>DISTRICT I</u> 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 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. M (Tbg. o		Choke Size
Jpper Compi	TUBB (PRORATE	D GAS)	GAS	FLOW	CAS		FULL
Lower Compl	DRINKARD		GAS	FLOW	TB	G.	FULL.

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:50 A.M. 1/18/94	FLOW 1	EST NO. 1		
Well opened at (hour, date):	Both zones shut-in at (hour, date): 8:50 A.M. 1/17/94			
Pressure at beginning of test	Well opened at (hour, date): 8:50 A.M. 1/18/94			
Stabilized? (Yes or No)	Indicate by (X) the zone producing		x	
Stabilized? (Yes or No)	Pressure at beginning of test	••••••••	5	130
Maximum pressure during test. 5 25				YES
Minimum pressure during test. 5 25	·		5	130
Pressure at conclusion of test	Minimum pressure during test	5	····	
Was pressure change an increase or a decrease?		5		
Was pressure change an increase or a decrease?	Pressure change during test (Maximum minus Minimum)		SAME	105
Well closed at (hour, date): 8:50 A.M. 1/19/94 Production 24 HOURS Oil Production During Test 0 bbls; Grav. — During Test 166 MCF; GOR — Remarks Well opened at (hour, date): 8:50 A.M. 1/20/94 Well opened at (hour, date): 8:50 A.M. 1/20/94 FEINT TEST NO. 2 Upper 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 Was 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 Oil production During Test: 0 bbls; Grav. —; During Test 0 MCF; GOR — Remarks OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained here is true and completed to the best of my knowledge Mobil Expl. 8 Prod. US inc. as Agent for MPTM OIR ATOR CERTIFICATE OF COMPLIANCE I TITLE DISTRICT I SUPARVISOR			SAME	DECREASE
Oil Production During Test: 0 bbls; Grav. — During Test 166 MCF; GOR —— Remarks Well opened at (hour, date): 8:50 A.M. 1/20/94 Well opened at (hour, date): 8:50 A.M. 1/20/94 FLOW TEST NO. 2 Upper Completion X Pressure at beginning of test		24 HOURS		
Well opened at (hour, date): 8:50 A.M. 1/20/94 FLOW TEST NO. 2 Upper Completion Indicate by (X) the zone producing. X Pressure at beginning of test. 5 130 Stabilized? (Yes or No). Stabilized? (Yes or No). 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? Well closed at (hour, date) 8:50 A.M. 1/21/94 Dil production Cas Production During Test: 0 MCF; GOR DECREASE 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 Security 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 Security 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 Security British Supplies to the security 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 Security British Supplies By JERRY SEXTONS District I Supplies SexTONS D	Oil Production Gas Production	<u> </u>		
Well opened at (hour, date): 8:50 A.M. 1/20/94 FLOW TEST NO. 2 Upper Completion Indicate by (X) the zone producing. X Pressure at beginning of test				
Indicate by (X) the zone producing	FLOW T	EST NO. 2	• •	
Stabilized? (Yes or No)	Indicate by (X) the zone producing	***************************************	x	
Maximum pressure during test	Pressure at beginning of test		5	130
Minimum pressure during test	Stabilized? (Yes or No)	••••••	YES	YES
Pressure at conclusion of test	Maximum pressure during test	••••••	5	150
Pressure change during test (Maximum minus Minimum)	Minimum pressure during test		0	130
Was pressure change an increase or a decrease? Well closed at (hour, date) 8:50 A.M. 1/21/94 Did production Gas Production Ouring Test: O bbls; Grav. During Test 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 SIGNATURE Patricia B. Swanner Reg. Tech/Asst. III PRINTED NAME TITLE 2/1/94 (713) 775-2081 Total time on Production 24 HOURS O MCF; GOR O MCF; GOR DISTRICT I SUPERVISOR Title Title Title	Pressure at conclusion of test	0	150	
Well closed at (hour, date) 8:50 A.M. 1/21/94 Dil production Ouring Test: 0 bbls; Grav ; 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 SIGNATURE Patricia B. Swanner Patricia B. Swanner Reg. Tech/Asst. PRINTED NAME TITLE 2/1/94 Total time on Production 24 HOURS O MCF; GOR OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title Title	Pressure change during test (Maximum minus Minimum)	***************************************	5	20
Well closed at (hour, date) 8:50 A.M. 1/21/94 Production	Was pressure change an increase or a decrease?	***************************************	DECREASE	INCREASE
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 SIGNATURE Patricia B. Swanner PRINTED NAME PRINTED NAME Remarks Gas Production O MCF; GOR OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title Title Title Title Title Title Title	Well closed at (hour, date) 8:50 A.M. 1/21/94		s	
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 SIGNATURE Patricia B. Swanner PRINTED NAME TITLE 2/1/94 OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTONS TITLE Title Title	Oil production Gas Production			
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 SIGNATURE Patricia B. Swanner PRINTED NAME TITLE 2/1/94 OPERATOR OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTOMS Title Title Title		0 MCF	; GOR	-
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 SIGNATURE Patricia B. Swanner PRINTED NAME TITLE 2/1/94 (713) 775-2081 PRINTED NAME OIL CONSERVATION DIVISION Date Approved PATRICT I SUPERVISOR Title Title	Remarks		· · · · · · · · · · · · · · · · · · ·	
OPERATOR SIGNATURE Patricia B. Swanner Reg. Tech/Asst.III PRINTED NAME 7111LE 2/1/94 PRINTED NAME TITLE TITLE Title Title Title	I hereby certify that the information contained herein is true and completed to the best of my knowledge	A (POIL CONS		
Patricia B. Swanner Reg. Tech/Asst.III PRINTED NAME TITLE 2/1/94 (713) 775-2081 By ORIGINAL SIGNED BY JERRY SEXTOM: DISTRICT I SUPERVISOR Title	OPBRATOR	Date Approved .	上	; 1054
PRINTED NAME TITLE Title 2/1/94 (713) 775–2081	SIGNATURE			M
2/1/94 (713) 775–2081		1		
II				