

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Texas Pacific Oil Company			Lease Ella Drinkard			Well No. 2	
Location of Well	Unit 1 E	Sec 26	Twp 21 S	Rge 37 E	County 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	Ellenburger - Joins		Oil	Flow	Tbg	16/64	
Lower Compl	Pre-Ellenburger		Oil	Flow	Tbg	16/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 5:30 P.M. Aug. 23, 1967

Well opened at (hour, date):	5:30 P.M. Aug. 24, 1967	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X	
Pressure at beginning of test.....		862	1231
Stabilized? (Yes or No).....		Yes	Yes
Maximum pressure during test.....		862	1231
Minimum pressure during test.....		246	1224
Pressure at conclusion of test.....		246	1224
Pressure change during test (Maximum minus Minimum).....		616	7
Was pressure change an increase or a decrease?.....		Decrease	Decrease
Well closed at (hour, date):	7:30 A.M. Aug. 25, 1967	Total Time On Production	14 Hrs.
Oil Production		Gas Production	
During Test: 148 bbls; Grav. 37.1		During Test 107 MCF; GOR	723
Remarks			

FLOW TEST NO. 2

Well opened at (hour, date):	7:30 A.M. Aug. 26, 1967	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			X
Pressure at beginning of test.....		558	1415
Stabilized? (Yes or No).....		Yes	Yes
Maximum pressure during test.....		1037	1415
Minimum pressure during test.....		540	233
Pressure at conclusion of test.....		1037	233
Pressure change during test (Maximum minus Minimum).....		497	1182
Was pressure change an increase or a decrease?.....		Increase	Decrease
Well closed at (hour, date)	7:30 A.M. Aug. 27, 1967	Total time on Production	24 Hrs.
Oil Production		Gas Production	
During Test: 268 bbls; Grav. 39.1		During Test 195 MCF; GOR	728
Remarks Initial Test			

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____
New Mexico Oil Conservation Commission

Operator Texas Pacific Oil Co.
By H. L. Smith

Title Independent Gas Tester
Date 9/13/67

Following completion of Flow Test No. 1 the well shall again be shut-in accordance with Paragraph 3 above.

1. A packer leakage test shall be commenced on each multiple completion well within seven days after actual completion of the well. The test shall thereafter as prescribed by the order authorizing the completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment. If ever remedial work has been done on a well during which the packer or tubing have been disturbed. Tests shall also be taken at any time if communication is suspected or when requested by the Commission.

2. At least 72 hours prior to the commencement of any backtest, the operator shall notify the Commission in writing of the backtest. The backtest is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones are shut-in. Both zones shall be shut-in until the well-head pressure in each has stabilized and the pressure in the shut-in zone has remained constant for a minimum of two hours thereafter, provided however, that the packer leakage test shall be completed within 24 hours.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone shall be shut in. This test shall be continued until the flowing wellhead pressure has been stabilized and for a minimum of two hours thereafter, provided that the flow test need not continue for more than 24 hours.

Test No. 2 shall be conducted with a torch no leak was indicated. This test No. 1 procedure is the same. Test No. 2 is to be the same as Test No. 1 except that the previously produced zone shall remain in place while the previously stated zone is produced.

pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with a deadweight device at least twice, once at the beginning and once at the end of each flow test.

The results of the above described tests shall be filed in triplicate within 15 days after completion of the tests. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Commission on Southeast New Mexico Packer Leakage Test Form Revised 11-1-58, together with the original pressure recording gauge charts with all the pressure pressures which were taken indicated thereon. In lieu of the aforesaid charts, the operator may construct a pressure versus time curve for each zone of each test indicating thereon all pressure changes which may be reflected by the gauge charts as well as all dead-end pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's file. Form 1116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator TEXAS PACIFIC OIL COMPANY	
Address P. O. Box 1069 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name Ella Drinkard		Lease No.	Well No. 2	Pool Name, including Formation Undesignated Pool Granite Wash & El Estanque	Kind of Lease State, Federal or Fee Fee
Location Unit Letter E ; 1650 Feet From The North Line and 660 Feet From The West Line of Section 25 Township 22-S Range 37-E , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1509 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 22	Rge. 37	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Original Signed by Sheldon Ward	
(Signature)	
Area Superintendent	
(Title)	
10-13-67	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY John W. Remyan	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	