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	Amoco Production Company			Lease	State FQ Gas Com			Well No.	1
Location of Well	Unit N	Sec. 26	Twp 23	Rge 34		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	Antelope Ridge / Atoka		Gas	Flow		Tbg			
Lower Compl	Antelope Ridge / Morrow		Gas	Flow		Tbg			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): Noon 6/22/94

Well opened at (hour, date): Noon 6/23/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	1250	300
Stabilized? (Yes or No)		
Maximum pressure during test	1300	300
Minimum pressure during test	1250	100
Pressure at conclusion of test	1300	175
Pressure change during test (Maximum minus Minimum)	50	200
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date): Noon 6/24/94 Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. — Gas Production During Test 462 MCF; GOR —

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): N/A - Atoka is SI

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

Well closed at (hour, date) Total time on Production

Oil production During Test: bbls; Grav. ; Gas Production During Test MCF; GOR

Remarks Atoka Shut-in

OPERATOR CERTIFICATE OF COMPLIANCE

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

Amoco Production Company
Operator

Matthew C. Wines
Signature

Matthew C. Wines — Business Analyst
Printed Name — Title

8/2/94 — (713) 366-3744
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 09 1994

By Gary W. Wink

Title GARY W. WINK FIELD REPRESENTATIVE II