

Submit 3 Copies to  
Appropriate Dist. Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE  
SIDE

DISTRICT I  
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

This form is not to be used for  
reporting packer leakage tests in  
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

|                                            |                     |            |                               |                                   |                               |               |
|--------------------------------------------|---------------------|------------|-------------------------------|-----------------------------------|-------------------------------|---------------|
| Operator<br>Anadarko Petroleum Corporation |                     |            | Lease<br>Langley Deep         |                                   |                               | Well No.<br>1 |
| Location<br>of Well                        | Unit<br>C           | Sec.<br>28 | Twp<br>22s                    | Rge<br>36e                        | County<br>Lea                 |               |
| Name of Reservoir or Pool                  |                     |            | Type of Prod.<br>(Oil or Gas) | Method of Prod.<br>Flow, Art Lift | Prod. Medium<br>(Tbg. or Csg) | Choke Size    |
| Upper<br>Compl                             | Langlie<br>Strawn   |            | Oil                           | Flow                              | Tbg                           | -             |
| Lower<br>Compl                             | Langlie<br>Devonian |            | Gas                           | Flow                              | Tbg                           | 20/64         |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM 8/26/97

|                                                          | Upper<br>Completion                 | Lower<br>Completion |
|----------------------------------------------------------|-------------------------------------|---------------------|
| Well opened at (hour, date): 9:30 AM 8/27/97             |                                     | X                   |
| Indicate by ( X ) the zone producing.....                |                                     |                     |
| Pressure at beginning of test.....                       | 1050                                | 1100                |
| Stabilized? (Yes or No).....                             | Yes                                 | Yes                 |
| Maximum pressure during test.....                        | 1050                                | 1100                |
| Minimum pressure during test.....                        | 775                                 | 60                  |
| Pressure at conclusion of test.....                      | 875                                 | 60                  |
| Pressure change during test (Maximum minus Minimum)..... | 275                                 | 1040                |
| Was pressure change an increase or a decrease?.....      | Decrease                            | Decrease            |
| Well closed at (hour, date): 9:30 AM 8/28/97             | Total Time On Production 24.0 Hours |                     |
| Oil Production                                           | Gas Production                      |                     |
| During Test: 14 bbls; Grav. 48                           | During Test: 256                    | MCF; GOR 18286      |

Remarks

FLOW TEST NO. 2

|                                                          | Upper<br>Completion      | Lower<br>Completion |
|----------------------------------------------------------|--------------------------|---------------------|
| Well opened at (hour, date):                             |                          |                     |
| Indicate by ( X ) the zone producing.....                | *                        |                     |
| 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                                           | Gas Production           |                     |
| During Test: bbls; Grav. ;                               | During Test:             | MCF; GOR            |

Remarks \* Strawn not connected to flowline; did not flow

OPERATOR CERTIFICATE OF COMPLIANCE

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

Anadarko Petroleum Corporation

Operator

Signature

Jarrel Services, Inc.

Printed Name

9/2/97

Date

Agent

Title

505-393-1736

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR