Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

propriate Dist. Office F ,y, Minerals and Natural Resources Departmen.

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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSFRVATION DIVISION

State of New Mexico

r.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

AMERADA HESS CORPORATION STATE NJA Lead of Well Lead of Well A Sec. 2 Type of Prod. Method of Prod. Prod. Prod. Prod. (Old or Gas) Name of Reservoir or Pool Name of Reservoir or Pool SAN ANDRES SWD/JUSTICE PADDOCK Lower JUSTICE FUSSELMAN FLOW TEST NO. 1 Both zones shut-in at (hour, date): 12:00 N00N 04-31-96 Well opened at (hour, date): Completion Completion Completion Maximum pressure at beginning of test. Minimum pressure during test. Minimum pressure during test. Minimum pressure during test (Maximum minus Minimum).
Name of Reservoir or Pool (Oil or Gas) Method of Prod. (Tog. or Csg.) Choke Size Upper Compil SAN ANDRES SWD/JUSTICE PADDOCK Lower JUSTICE BLINEBRY NORTH Compil JUSTICE FUSSELMAN FLOW TEST NO. 1 Both zones shut-in at (hour, date): 12:00 N00N 04-31-96 Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing. Pressure at beginning of test. Stabilized? (Yes or No). Maximum pressure during test. Minimum pressure during test.
Upper Compl
FLOW TEST NO. 1 Both zones shut-in at (hour, date): 12:00 NOON 04-31-96 Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing. Pressure at beginning of test. Maximum pressure during test. Pressure at conclusion of test.
FLOW TEST NO. 1 Both zones shut-in at (hour, date): 12:00 N00N 04-31-96 Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing. Pressure at beginning of test. Stabilized? (Yes or No). Maximum pressure during test. Pressure at conclusion of test.
Both zones shut-in at (hour, date): 12:00 NOON 04-31-96 Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing. Pressure at beginning of test. Stabilized? (Yes or No). Maximum pressure during test. Pressure at conclusion of test.
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.
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 at beginning of test. Stabilized? (Yes or No). Maximum pressure during test. Minimum pressure during test. Pressure at conclusion of test.
Stabilized? (Yes or No)
Maximum pressure during test. Minimum pressure during test. Pressure at conclusion of test.
Minimum pressure during test Pressure at conclusion of test
Pressure at conclusion of test.
Was pressure change an increase or a decrease?
Total Time On
Well closed at (hour, date): Production Oas Production
During Testbbls; Grav During Test MCF; GOR
Remarks ALL ZONES IN WELL TA'D.
Well opened at (hour, date): FLOW TEST NO. 2 Upper Completion Completion
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)
Vas pressure change an increase or a decrease?
Vell closed at (hour, date) Total time on Production Gas Production
During Test: bbls; Grav. ; During Test MCF; GOR
Remarks
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true OIL CONSERVATION DIVISION
and completed to the best of my knowledge
AMERADA HESS CORPORATION Operator Operator Operator
Bill Pitte By critical common station
Signature DETRUC
Printed Name Title
5-2-96 (505) 393-2144 Date Telephone No.

