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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

Form C-116
Revised 1/1/89

GAS-OIL RATIO TEST

Operator		Amoco Production Company		Pool		Jalmar-Tansill-Yates-Gas		County		Eddy, NM						
Address		P.O. Box 3092, Houston, Texas		77253-3092		TYPE OF TEST - (X)		Scheduled <input checked="" type="checkbox"/>		Completion <input type="checkbox"/>						
LEASE NAME		WELL NO.	LOCATION			DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST		GAS-OIL RATIO CU.FT./BBL.		
			U	S	T	R						WATER BBL.	GRAV. OIL	OIL BBL.	GAS M.C.F.	
Langlie /C/ Federal		1	N	9	25	37	03-23-94	P			24	0		0	39	0.00
Myers /B/ Federal			D	7	24	37	03-23-94	P			24	0		0	65	0.00
Myers /B/ Federal		4	E	21	24	37		S								
Myers /B/ Federal		11	B	6	24	37		S								
Myers /B/ Federal		12	P	9	24	37		S								
Myers /B/ Federal		13	L	9	24	37	03-23-94	P			24	0		0	7	0.00
Myers /B/ Federal		25	D	21	24	37	03-23-94	P			24	0		3	4	1.33
Myers /B/ Federal		26	I	9	24	37	03-23-94	S			24	0		0	18	0.00
Myers /B/ Federal		29	O	9	24	37	03-23-94	P			24	0		0	6	0.00
Myers /B/ Federal		30	E	5	24	37	03-23-94	P			24	0		0	200	0.00
Myers /B/ Federal		31	G	6	24	37	03-23-94	P			24	0		0	200	0.00
Myers /B/ Federal		33	B	7	24	37	03-23-94	P			24	0		0	200	0.00

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60 F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

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

Signature

Devina M. Prince,

Staff Assistant

Printed name and title

04-26-94

Date

(713) 366-7686

Telephone No.