

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

# OIL CONSERVATION DIVISION

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

## GAS - OIL RATIO TEST

820-10,000

211 94

Operator		Pool		County								
Doyle Hartman		Jalint (T-Y-7R) Pro Gas		Lea								
Address		TYPE OF TEST - (X)		Completion		Special						
P. O. Box 10426, Midland, Texas 79702		<input checked="" type="checkbox"/> TEST - (X)		<input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> xxx		<input type="checkbox"/> Special <input type="checkbox"/>						
LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW. ABL	LENGTH OF TEST HOURS	PROD. DURING TEST		GAS - OIL RATIO CU.FT/BBL.
		U	S	T						R	WATER DLS.	
Arnott Ramsay NCT-B	7	I	32	25	37	4-24-93	SHUT IN		24	6	0	43
Arnott Ramsay NCT-B	10	F	32	25	37	5-10-94	P	128/64	24	4	22	355
Arnott Ramsay NCT-B	13	O	32	25	37	5-10-94	P	128/64	24	2	7	258
F.M. Darleson MN	2	F	8	25	37	5-14-93	SHUT IN		24	0	0	22
F.M. Darleson MN	3	D	8	25	37	5-14-93	P	64/64	24	0	0	22
Carter Eaves NCT-A	1	C	6	24	37	"	P	64/64	24	0	0	25
Carter Eaves NCT-A	2	D	6	24	37	"	P	64/64	24	0	5	354
R.F. - U. 950						5-14-93	SHUT IN					
R.W. Cowden	1	J	30	23	37	"	SHUT IN					
R.W. Cowden A MN	1	P	30	23	37	"	F	64/64	24	0	0	17
.W. Cowden B	1	L	30	23	37	"	F	64/64	24	0	0	11
R.W. Cowden C	4	C	31	23	37	"	SHUT IN					
R.W. Cowden C	9	H	31	23	37	"	SHUT IN					

### 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 Don Mashburn

Don Mashburn, Production Supervisor

Printed name and title

5-12-94

915/684-4011

Date

Telephone No.