

Submit 2 copies to appropriate District Office.  
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

Form C-116  
Revised 1/1/89

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

## OIL CONSERVATION DIVISION

### GAS - OIL RATIO TEST

Operator		Pool		County												
ARCH PETROLEUM INC.		LANGLIE MATTIX; 7-RVRS-W-GRAYBURG/JALMAT;		LEA												
Address		777 TAYLOR STREET, SUITE 11-A, FORT WORTH, TX 76102		Type of Test (X)												
				TAN-YATES-7 RVRS (OIL)												
				Completion <input type="checkbox"/> Special <input type="checkbox"/>												
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	CHOKE SIZE	TBQ. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU./FT/BBL.		
		U	S	T	R						WATER BBLs.	GRAV. OIL	OIL BBLs.		GAS M.C.F.	
C. D. WOOLWORTH DOWNHOLE COMMINGLING PERMIT NO. <u>DHC-1171</u>	6	0	30	24	37	2-19-96	P	n/a	300	M	24	39	35.1	5	40	8000
OIL PERCENTAGES - ZONES INVOLVED																
JALMAT - 50% - 2.5																
LANGLIE MATTIX - 50% - 2.5																
TOTAL ALL ZONES - bbls																
GAS PERCENTAGES - ZONES INVOLVED																
JALMAT - 51% - 20.4																
LANGLIE MATTIX - 49% - 19.6																
TOTAL ALL ZONES - MCF																

#### 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

*Bobbie Brooks*

Bobbie Brooks, Production Analyst

Printed name and title

4/10/96 (915) 685-1961

Date Telephone No.