

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Amoco Production Company			Lease	South Mattix		Well No.	14
Location of Well	Unit	Sec.	Twp	Rge	County			
	K	15	24	37	Lea			
	Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size		
Upper Compl	Fowler-Paddock, Upper-Gas		Gas	flowing	Tbg			
Lower Compl	Fowler-Tubb-Gas		Gas	flowing	Tbg			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00, 11/4/93

Well opened at (hour, date): N.A. both zones SI, no sales line did not produce

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	120	40
Stabilized? (Yes or No).....		
Maximum pressure during test.....	120	40
Minimum pressure during test.....	100	40
Pressure at conclusion of test.....	120	40
Pressure change during test (Maximum minus Minimum).....	20	0
Was pressure change an increase or a decrease?.....	decrease, then increase	N.A.
Well closed at (hour, date): <u>N.A.</u>	Total Time On Production	<u>N.A.</u>
Oil Production During Test: <u>N.A.</u> bbls; Grav. <u>N.A.</u>	Gas Production During Test	<u>N.A.</u> MCF; GOR <u>N.A.</u>

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower 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 During Test: _____ bbls; Grav. _____	Gas Production During Test	_____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Amoco Production Co.

Operation Matthew C. Wines

Signature Matthew C. Wines Bus. Analyst

Printed Name _____ Title _____

12/1/93 (713) 366-3744

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

DEC 06 1993

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____