Submit 3 Copies to Appropriate Dist. Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

P.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

Operator	Amoco Production Company		Lease	South Mattix Unit		Well No.	16
Location of Well	Unit O	Sec. 15	Twp 24	Rge 37	County 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): 12:00, 10-24-94

Well opened at (hour, date): 12:00, 10-25-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	X
Pressure at beginning of test	0	320
Stabilized? (Yes or No)	YES	NO
Maximum pressure during test	0	320
Minimum pressure during test	0	30
Pressure at conclusion of test	0	30
Pressure change during test (Maximum minus Minimum)	0	290
Was pressure change an increase or a decrease?	NA	decrease

Well closed at (hour, date): 12:00, 10-26-94 Total Time On Production 24hr.

Oil Production During Test: 0 bbls; Grav. NA Gas Production During Test 115 MCF; GOR

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): NOT PRODUCED, WELL IS S.I.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	0	
Stabilized? (Yes or No)	YES	
Maximum pressure during test	0	
Minimum pressure during test	0	
Pressure at conclusion of test	0	
Pressure change during test (Maximum minus Minimum)	0	
Was pressure change an increase or a decrease?	NA	

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 Company
Operator

H. J. Beam
Signature

Howard J. Black STAFF BUS. ANALYST
Printed Name Title

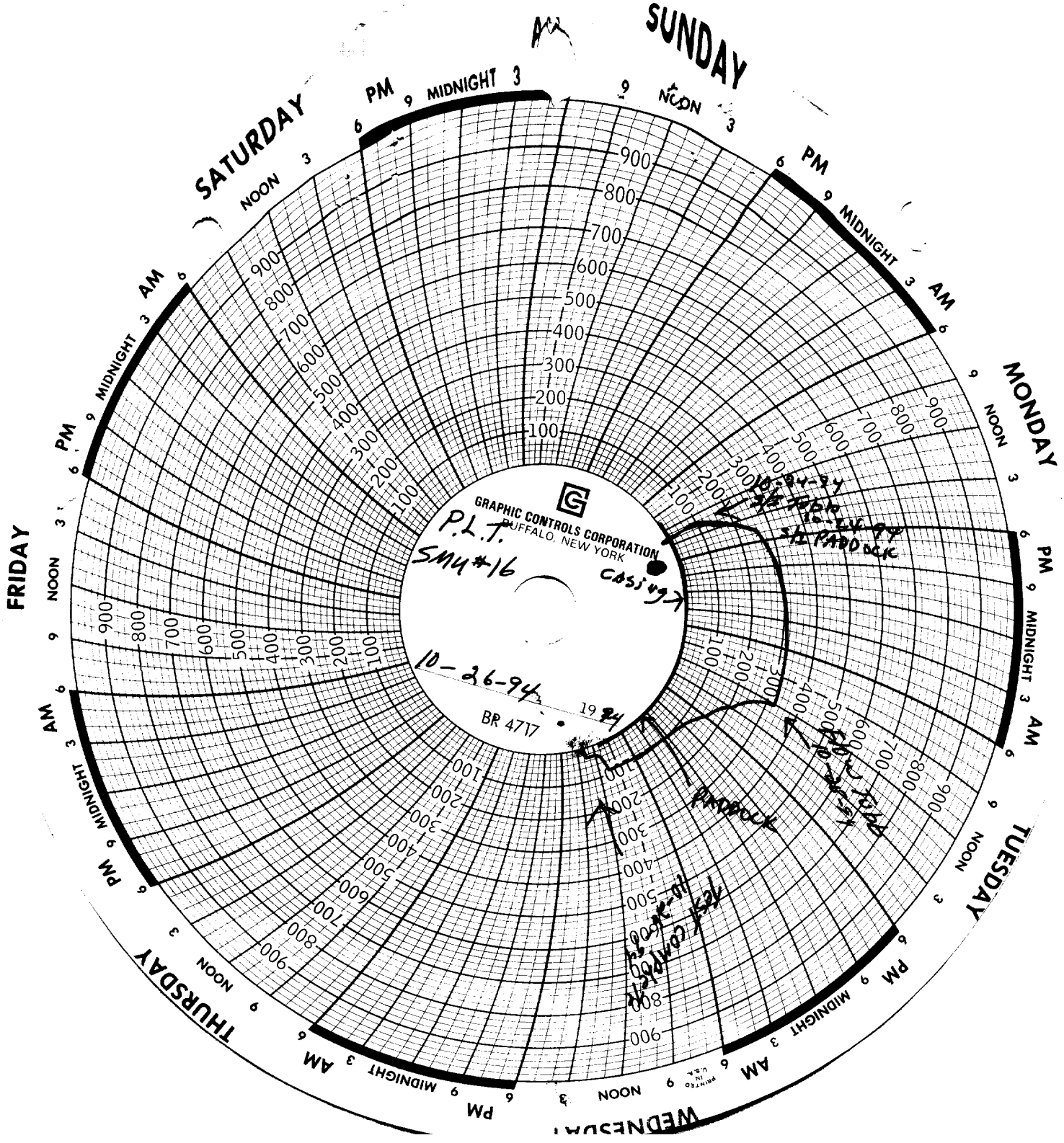
11-2-94 (713) 366-7213
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 08 1994

By ORIGINAL SIGNED BY DISTRICT I SUPERVISOR

Title


SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
MIDNIGHT
NOON
AM
PM
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
P.L.T.
SMU #16
CASING
10-26-94
19 94
BR 4717
PADDOCK
PRINTED IN U.S.A.