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 Department

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		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, 11/2/93

Well opened at (hour, date): 12:00, 11/3/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	0	380
Stabilized? (Yes or No)	yes	NO
Maximum pressure during test	0	380
Minimum pressure during test	0	40
Pressure at conclusion of test	0	40
Pressure change during test (Maximum minus Minimum)	0	340
Was pressure change an increase or a decrease?	N.A.	decrease

Well closed at (hour, date): 12:00, 11/4/93 Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. N.A. Gas Production During Test 140 MCF; GOR

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): Not produced, well is dead & SI No sales line

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
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 Company
Operator

Matthew C. Wines
Signature

Matthew C. Wines Bus. Analyst
Printed Name Title

12/1/93 (713) 366-3744
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 06 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title