

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-6
(Rev. 1-8-70)

COMMUNICATION OR PACKER LEAKAGE TEST

1. Field Name	2. RRC District
3. Operator	4. County
5. Lease Name(s) and RRC Lease Number(s)	6. Well Number

ZONE INFORMATION	1st (Upper) Zone	2nd Zone	3rd Zone	4th Zone
7. RRC Alphabetic Code Designation <i>(Multiple Well Completion Designation - See Instructions, reverse side.)</i>				
8. Name of Reservoir <i>(If reservoir name is shown on proration schedule, use that name.)</i>				
9. Type of Production (oil or gas) <i>(If used for injection, state type fluid injected.)</i>				
10. Producing Interval(s)				
11. Date & Hour well shut-in prior to testing. <i>(All zones shut-in.)</i>				
12. Stabilized shut-in pressure prior to producing any zone (psig)				

DATA ON PRODUCING COMPLETION ----- DUAL COMPLETION -----

	Test No. 1	Test No. 2	Test No. 3	Test No. 4
13. ZONE PRODUCING <i>(Fill in under each test the appropriate RRC Alphabetic Code Designation from Item 7.)</i>				
14. Stabilized shut-in pressure prior to producing this zone. (psig)	Same as Item 12			
15. Producing method & choke size (inches)				
16. Date & Hour completion opened.				
17. Stabilized flowing pressure while producing. (psig)				
18. Length of time required for stabilization of flowing pressure. (hrs.)				
19. Date & Hour completion shut-in.				
20. Stabilized shut-in pressure after producing this zone. (psig)				
21. Time required for obtaining above stabilized shut-in pressure. (hrs.)				
22. Amount of oil produced during test. (bbls.)				
23. Amount of gas produced during test. (MCF)				
24. Amount of water produced during test. (bbls.)				

DATA ON SHUT-IN COMPLETION(S)						
25. ZONE(S) SHUT-IN <i>(Fill in under each test the appropriate RRC Alphabetic Code Designation from Item 7.)</i>						
26. Stabilized shut-in pressure prior to this test. (psig)	Same as Item 12	Same as Item 12	Same as Item 12			
27. Minimum shut-in pressure during test. (psig)						
28. Maximum shut-in pressure during test. (psig)						
29. Stabilized shut-in pressure at the end of the test. (psig)						
30. Maximum pressure change of shut-in completion during test. (psig) (+ Increase) or (- Decrease)						

(APPLICANTS MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF.)

31. Was the Commission's District Office notified of this test 24 hours prior to the shut-in of all completions at the start of this test? _____

32. Remarks :

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

_____	_____
Date	Signature
_____	_____
Operator	Name of Person (type or print)
_____	_____
Street Address or P.O. Box	Title of Person
_____	Telephone: _____
City, State	Area Code _____
_____	Zip Code _____

- INSTRUCTIONS -

1. This form may be used for a dual, triple, or quadruple completion.
2. The original and one copy of this form shall be filed with the Railroad Commission District Office.
3. The Commission's District Office shall be notified 24 hours prior to conducting this Communication or Packer Leakage Test.
4. After allowing all zones to build up and stabilize, the general procedure for the Communication or Packer Leakage Test involves testing each zone by (a) a draw-down producing test (one zone producing and all other zones shut-in) followed by (b) a build-up test after producing that zone (all zones shut-in).
5. Prior to beginning the test, all zones shall be shut-in a sufficient length of time to allow wellhead pressures to become stabilized and for a minimum of 2 hours thereafter. Under shut-in conditions, stabilization may be considered attained when the rate of pressure build-up does not exceed one pound per 30 minute period. If all the zones shut-in will not stabilize in 24 hours, the zones do not have to remain shut-in longer than the 24 hour period, and thus the operator may proceed.
6. If a zone is on gas lift, the gas lift supply valve should be closed except during lifting or producing operations.
7. During any test, the rate of production for the zone being produced shall not be less than the anticipated calendar day allowable for an oil well and shall not be less than the anticipated maximum daily withdrawal for a gas well.
8. For Test No. 1, the well shall be produced in one zone with the other zone(s) shut-in until the producing wellhead pressure has become stabilized and for a minimum of 2 hours thereafter. Under flowing conditions, the pressure may be considered stabilized when it does not vary more than 0.1% of the original shut-in well head pressure during a 15 minute interval. For a producing zone which will not stabilize in 24 hours, the zone does not have to be produced any longer than 24 hours trying to reach stabilization.
9. Following each test, all zones shall be shut-in until wellhead pressures have become stabilized and for a minimum of 2 hours thereafter. If all the zones shut-in will not stabilize in 24 hours, the zones do not have to remain shut-in longer than the 24 hour period, and thus the operator may proceed.
10. For the next test, produce one zone that has not already been produced, with the other zone(s) shut-in.
11. For triple or more completions, repeat Instructions 9 and 10 until all zones have been tested.
12. All pressures shall be measured with recording gauges. The maximum capacity of the pressure recording gauge should not be more than twice the expected shut-in pressure. The original charts shall be submitted along with this form. The accuracy of the recording gauges should be checked periodically during the tests with a dead weight test gauge.
13. For Items 7, 13, and 25, the following Multiple Well Completion Designation shall be used.

<u>RRC ALPHABETIC CODE DESIGNATION</u>	<u>FORMERLY USED DESIGNATION</u>
C	C
T	T
U	UT or UC
L	LT or LC
M	MT or MC
P	UMT or UMC
Q	LMT or LMC
D	S-1-C, S-1 or W or W-C
E	S-1-T or W-T
F	S-2-C, S-2 or X or X-C
G	S-2-T or X-T
H	S-3-C, S-3 or Y or Y-C
I	S-3-T or Y-T
J	S-4-C, S-4 or Z or Z-C
K	S-4-T or Z-T
N	S-5-C or S-5
O	S-5-T

RAILROAD COMMISSION REPRESENTATIVE: The undersigned Commission Representative has witnessed and/or checked the foregoing test.

Signature of Commission Representative