

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST FOR 2001

Operator CAULKINS OIL COMPANY Lease SANCHEZ Well No. 1 API NO. 30-089-06434
Location
of Well: Unit D Sec. 24 Twp. 26N Rge. 6W County Rio Arriba



	NAME OF RESERVOIR OR POOL	TYPE OF PROD.	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Compl.	Pictured Cliffs	Gas	Flow	Tubing
Lower Comp.	Basin Dakota	Gas	Flow	Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
	9:00 a.m. 10/14/01	168 hours	172#	No
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
	9:00 a.m. 10/14/01	168 hours	524#	No

FLOW TEST NO. 1

Commenced at (hour, date)*9:00 a.m. 10/21/01				Zone producing : Lower	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Comp. Lower Comp.		PROD. ZONE TEMP.	REMARKS
9:00 a.m. 10/22/01	24 hrs.	173	190	60	Lower Zone Flowing
9:00 a.m. 10/23/01	48 hrs.	176	146	60	Lower Zone Flowing
9:00 a.m. 10/24/01	72 hrs.	180	150	60	Lower Zone Flowing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: 195 MCFPD: Tested thru (Orifice or Meter): _____ Meter _____

MID-TEST SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
	9:00 a.m. 10/14/01	336 hours	183	Yes
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
	9:00 a.m. 10/24/01	168 hours	530	No

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)* 9:00 a.m. 10/31/01				Zone producing: Upper	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Comp.	Lower Comp.		
9:00 a.m. 11/1/01	24 hrs.	145	530	60	Upper Zone Flowing
9:00 a.m. 11/1/01	48 hrs.	132	530	60	Upper Zone Flowing
9:00 a.m. 11/1/01	72 hrs.	101	530	60	Upper Zone Flowing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: 157 MCFPD: Tested thru (Orifice or Meter): _____ Meter

Remarks: _____

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

Approval DEC - 3 2001 19 _____ Operator Caulkins Oil Company
New Mexico Oil Conservation Division

By ORIGINAL SIGNED BY CHARLES T. PERMAN Title Superintendent

Title DEPUTY OIL & GAS INSPECTOR, DIST. 03 Date November 28, 2001

NOTE: This format is in lieu of Oil Conservation Division, Packer Leakage Tests Form.