

STATE OF NEW MEXICO OIL CONSERVATION DIVISION
ENERGY and MINERALS DEPARTMENT

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Caulkins Oil Company Lease BREECH "F" Well No. 1-E

Location
of Well: Unit M Sec. 33 Twp. 27N 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 Comp.	TOCITO	Oil	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	Stabilized?(Yes or No)
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized?(Yes or No)

FLOW TEST NO. 1

PK test for 96

Commenced at (hour, date)* 1/14/97 12:23 p.m.				Zone producing (<u>Upper</u>) or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Comp. Lower Comp.		PROD. ZONE TEMP.	REMARKS
1/15/97 12:23 p.m.	24 hrs.	602	0	60	Both Zones Shut-In
1/16/97 12:23 p.m.	48 hrs.	669	0	60	Both Zones Shut-In
1/17/97 12:23 p.m.	72 hrs.	703	0	60	Turned on Upper Zone
1/17/97 12:23 p.m.	84 hrs.	558	0	60	Upper Zone Producing
1/18/97 12:23 p.m.	96 hrs.	231	0	60	Turned on Lower Zone

Production rate during test

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

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

RECEIVED
Grav. GOR
FEB 10 1997

OIL CON. DIV.
DIST. 3

MID-TEST SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized?(Yes or No)
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized?(Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)*				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Comp.	Lower Comp.		

Production rate during test

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

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

Remarks: _____

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

Approval _____ FEB 1 19 _____
New Mexico Oil Conservation Division

Operator Caulkins Oil Company

By Robert L. Vargues

By [Signature]

Title Superintendent

Title Deputy Chief Inspector

Date _____

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