This form is not to be used for reporting packer leakage tests in Southeast New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Revised 11-1-58

7-476

Operator Tenneco Oil Company Lease Berger Well No. 5

Location of Well: Unit O Sec. 14 Twp. 26N Rge. 11W County San Juan

| | Name of Reservoir or Pool | Type of Prod. (Oil or Gas) | Method of Prod. (Flow or Art. Lift) | Prod. Medium (Tbg. or Csg.) |
|---|---|---|---|---|
| Upper Completion | Gallup | Oil | Flow | Tubing |
| Lower Completion | Basin Dakota | Gas | Flow | Tubing |

PRE-FLOW SHUT-IN PRESSURE DATA

| | Hour, date Shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes ~~or No~~) |
|---|---|---|---|---|
| Upper Compl | * | | 550 | |
| Lower Compl | 09:30 3-12 | 72 | 842 | |

FLOW TEST NO. 1

Commenced at (hour, date)* 9:30 3-15-62 Zone producing (~~Upper or~~ Lower):

| Time (hour, date) | Lapsed time since* | Pressure Upper Compl. | Pressure Lower Compl. | Prod. Zone Temp. | Remarks |
|---|---|---|---|---|---|
| 9:30 3-15 | | 550 | 842 | | |
| 8:30 3-19 | 95 | 558 | 560 | | |
| 9:30 3-22 | 168 | 558 | 522 | | |
| | | | | | |
| | | | | | |
| | | | | | |

Production rate during test

Oil: 11.66 BOPD based on 23.33 Bbls. in 48 Hrs. _____ Grav. _____ GOR _____

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

MID-TEST SHUT-IN PRESSURE DATA

| | Hour, date Shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes ~~or No~~) |
|---|---|---|---|---|
| Upper Compl | * | | 552 | |
| Lower Compl | 09:30 3-22 | 72 | 891 | |

FLOW TEST NO. 2

Commenced at (hour, date)** 9:30 3-25-62 Zone producing (Upper ~~or Lower~~):

| Time (hour, date) | Lapsed time since ** | Pressure Upper Compl. | Pressure Lower Compl. | Prod. Zone Temp. | Remarks |
|---|---|---|---|---|---|
| 9:30 3-25 | | * 552 | 891 | | |
| 9:30 3-26 | 24 | * 550 | 902 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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Production rate during test

Oil: * BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____

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

REMARKS: * Will not flow into high pressure gas line.

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

Operator _____

By _____

Title _____

Date _____

Approved: 5-1 1962

New Mexico Oil Conservation Commission

By _____

Title Supervisor Dist. #3

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ELAPSED TIME: HOURS