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			Lease		Well No.
CHEVRON USA INC.			GRAHAM STATE NCT-C		1
Location of Well: Unit	Sec.	Twp	Rge	County	
J	24	19	36	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	FUMONT YATES 7-R-QUEEN	GAS	FLOW	Csg	2" w.o.
Lower Compl	EUNICE-MONUMENT G-SA	OIL	ART LIFT	Tbg	2" w.o

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9AM 5-6-91

Well opened at (hour, date): 9AM 5-7-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	110	3
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	114	3
Minimum pressure during test	110	3
Pressure at conclusion of test	114	3
Pressure change during test (Maximum minus Minimum)	+4	0
Was pressure change an increase or a decrease?	INC.	NONE

Well closed at (hour, date): 9AM 5-8-91 Total Time On Production 24 HRS

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 0 MCF; GOR _____

Remarks "FUN-MON C.I. - UNECONOMICAL TO PRODUCE" NO PPG. EQUIP ON LOC.

FLOW TEST NO. 2

Well opened at (hour, date): 5-9-91 9AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	117	3
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	117	3
Minimum pressure during test	86	3
Pressure at conclusion of test	86	3
Pressure change during test (Maximum minus Minimum)	31	0
Was pressure change an increase or a decrease?	Decrease	NONE

Well closed at (hour, date) 9AM 5-10-91 Total time on Production 24 HRS

Oil production During Test: — bbls; Grav. —; Gas Production During Test 158.0 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

CHEVRON USA INC.
Operator

Felix Trevino
Signature

FELIX TREVINO PROD. SPECIALIST
Printed Name Title

5-17-91 505-397-0737

OIL CONSERVATION DIVISION

MAY 20 1991

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____