

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <b>Continental Oil Company</b>			Lease <b>Britt A-6</b>			Well No. <b>4</b>	
Location of Well	Unit <b>L</b>	Sec <b>6</b>	Twp <b>20</b>		Rge <b>372</b>	County <b>0 35 Lea</b>	
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	<b>Queen</b>		<b>Gas</b>	<b>Flow</b>	<b>Csg.</b>		<b>1/4</b>
Lower Compl	<b>Grayburg</b>		<b>Oil</b>	<b>SI</b>	<b>Tbg.</b>		<b>SI</b>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): \_\_\_\_\_

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
Indicate by ( X ) the zone producing.....		*
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date): _____	Total Time On Production _____	
Oil Production _____	Gas Production _____	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): <u>8-17-61 9:30 A.M.</u>	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>896</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>Yes</u>	
Maximum pressure during test.....	<u>896</u>	<u>0</u>
Minimum pressure during test.....	<u>870</u>	<u>0</u>
Pressure at conclusion of test.....	<u>870</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>26</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Dec</u>	<u>-</u>
Well closed at (hour, date) <u>8-18-61 9:30 A.M.</u>	Total time on Production <u>24 hrs.</u>	
Oil Production _____	Gas Production _____	
During Test: <u>0</u> bbls; Grav. <u>-</u>	During Test <u>90</u> MCF; GOR <u>-</u>	
Remarks <u>*Grayburg dead. Shut-in. No pressure on well.</u>		

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

Approved \_\_\_\_\_ 19 \_\_\_\_\_  
New Mexico Oil Conservation Commission

Operator Continental Oil Company

By [Signature]

By \_\_\_\_\_

Title District Superintendent

Title \_\_\_\_\_

Date 8-22-61

