

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator: <u>CHEVRON USA</u>		Lease: <u>H LEONARD NCT-E</u>			Well No. <u>4</u>
Location of Well	Unit <u>A</u>	Sec. <u>16</u>	Twp <u>21</u>	Rge <u>37</u>	County <u>LEA</u>
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	<u>BLUEBRY</u>	<u>OIL</u>	<u>PMP</u>	<u>TBG</u>	<u>---</u>
Lower Compl	<u>Tubb</u>	<u>GAS</u>	<u>FLOW</u>	<u>TBG</u>	<u>---</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11-25-96

Well opened at (hour, date): _____	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	_____
Pressure at beginning of test.....	<u>20</u>	<u>100</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>20</u>	<u>100</u>
Minimum pressure during test.....	<u>18</u>	<u>SAME</u>
Pressure at conclusion of test.....	<u>18</u>	<u>SAME</u>
Pressure change during test (Maximum minus Minimum).....	<u>2</u>	<u>100</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>---</u>

Well closed at (hour, date): _____ Total Time On Production _____

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

Remarks PUMPING OIL WELL

FLOW TEST NO. 2

Well opened at (hour, date): <u>11-26-96</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	_____	<u>X</u>
Pressure at beginning of test.....	<u>18</u>	<u>100</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>20</u>	<u>100</u>
Minimum pressure during test.....	<u>18</u>	<u>50</u>
Pressure at conclusion of test.....	<u>18</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>SAME</u>	<u>50</u>
Was pressure change an increase or a decrease?.....	<u>---</u>	<u>DECREASE</u>

Well closed at (hour, date): _____ Total time on Production _____

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

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

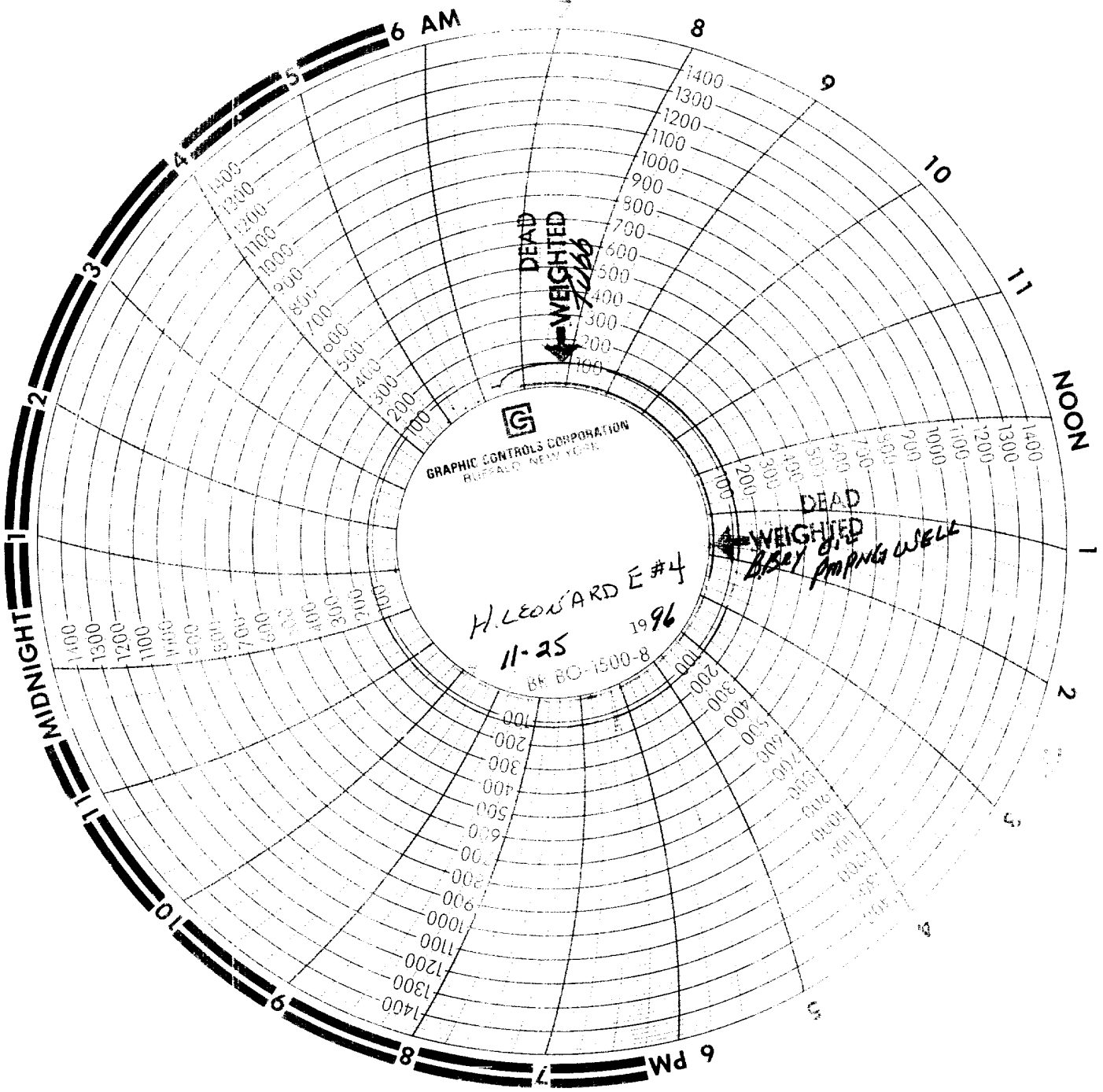
CHEVRON USA INC.
Operator
Ch. Alexander
Signature
AL ALEXANDER
Printed Name
11-26-96

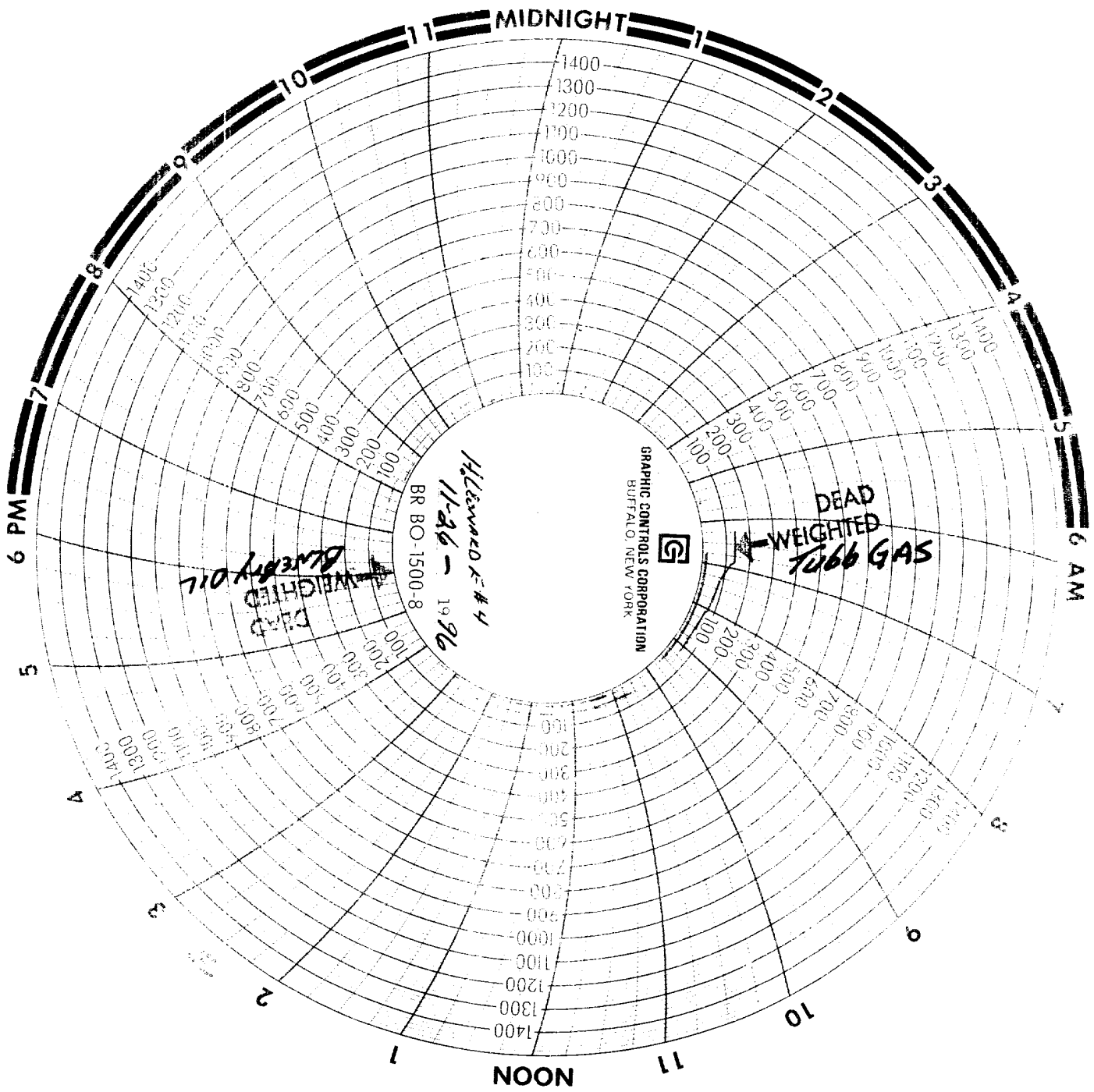
PRODUCTION SPECIALIST
Title

OIL CONSERVATION DIVISION

DEC 03 1996

Date Approved _____
By ORIGINAL SIGNATURE OF ALL PERSONS
DISTRICT FIELD OFFICER
Title _____





GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Hilbert #4
BR BO-1500-8
11-26-1996

DEAD WEIGHTED
TUBB GAS

DEAD WEIGHTED
BLENDY OIL

NOON

MIDNIGHT

6 PM

6 AM