

This form is not to be used for reporting packer leakage tests in Northwest 200 Packer

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>SUN Expl & Prod Co</u>			Lease <u>W. Lynch</u>			Well No. <u>2</u>	
Location of Well	Unit <u>L</u>	Sec <u>1</u>	Twp <u>22</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>Paddock</u>		<u>Oil</u>	<u>TA</u>	<u>TA Tbg</u>	<u>—</u>	
Lower Compl	<u>Drinksrd & Granite Leash CDA</u>		<u>Oil</u>	<u>Art Lift</u>	<u>Tbg</u>	<u>2.00</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-10-85 @ 800 A

Well opened at (hour, date): 4-11-85 @ 800 A

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>380</u>	<u>225</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>380</u>	<u>225</u>
Minimum pressure during test.....	<u>380</u>	<u>50</u>
Pressure at conclusion of test.....	<u>380</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>NONE</u>	<u>175</u>
Was pressure change an increase or a decrease?.....	<u>NONE</u>	<u>decrease</u>

Well closed at (hour, date): 4-12-85 @ 800 A Total Time On Production 24 hrs

Oil Production _____ Gas Production _____

During Test: 2 bbls; Grav. 39 @ 74; During Test 92 MCF; GOR 46500

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): TA

	Upper Completion	Lower Completion
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: _____

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

Approved: **JUN 14 1985**
 Oil Conservation Division
 By Jerry [Signature]
 Title DISTRICT 1 SUPERVISOR

Operator SUN Oil Co.
 By Delmar Klake
 Title Lease Operator
 Date 4-13-85