

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Marathon Oil Company</u>			Lease <u>Lea Unit</u>			Well No. <u>7</u>	
Location of well	Unit <u>N</u>	Sec <u>12</u>	Twp <u>20-5</u>	Rge <u>34-E</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>Lea Bone Springs</u>		<u>Oil</u>	<u>G.L.</u>	<u>Tbg.</u>	<u>S.I.</u>	
Lower Compl	<u>Lea Pennsylvania</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg.</u>	<u>S.I.</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): Upper Compl. S.I. 7-1-69; Lower Compl. S.I. 2-27-71

Well opened at (hour, date): 1:00PM 7-1-76 to 7-2-76

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>S.I.</u>	<u>S.I.</u>
Pressure at beginning of test.....	<u>102#</u>	<u>1707#</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>102#</u>	<u>1707#</u>
Minimum pressure during test.....	<u>102#</u>	<u>1707#</u>
Pressure at conclusion of test.....	<u>102#</u>	<u>1707#</u>
Pressure change during test (Maximum minus Minimum).....	<u>NONE</u>	<u>NONE</u>
Was pressure change an increase or a decrease?.....	<u>-</u>	<u>-</u>

Well closed at (hour, date): TEST COMPLETED @ 1:00PM 7-2-76

Oil Production _____ Gas Production _____ Total Time On Production 24 hrs.

During Test: 0 bbls; Grav. -; During Test 0 MCF; GOR -

Remarks BOTH ZONES SHUT-IN. RESULTS OF TEST INDICATES NO COMMUNICATION BETWEEN ZONES.

FLOW TEST NO. 2

Well opened at (hour, date): _____

	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 _____ 19 _____
 New Mexico Oil Conservation Commission

Operator Marathon Oil Company
 By David D. Strickler
 Title Engineer Technician
 Date _____

By _____
 Title _____

Orig. Signed by Jerry Sexton
 Dist 1, Supv.