

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Continental Oil Co.</u>			Lease <u>Reed A-3</u>			Well No. <u>3</u>	
Location of Well	Unit <u>I</u>	Sec <u>3</u>	Twp <u>20s</u>	Rge <u>36E</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>Eumont</u>	<u>Gas</u>	<u>F</u>	<u>Csg</u>	<u>NA</u>		
Lower Compl	<u>Eunice-Monument GSA</u>	<u>Oil</u>	<u>SI</u>	<u>+bg</u>	<u>NA</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 7-28-75

Well opened at (hour, date): 9:00 AM 7-29-75

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>370</u>	<u>340</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>370</u>	<u>340</u>
Minimum pressure during test.....	<u>265</u>	<u>340</u>
Pressure at conclusion of test.....	<u>265</u>	<u>340</u>
Pressure change during test (Maximum minus Minimum).....	<u>105</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Dec</u>	<u>NC</u>

Well closed at (hour, date): 9:00 AM 7-30-75 Total Time On Production 24 hr

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: 0 bbls; Grav. \_\_\_\_\_; During Test 7 066 MCF; GOR \_\_\_\_\_

Remarks No evidence of communication

FLOW TEST NO. 2

	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 \_\_\_\_\_

None B1 file

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

Approved ALB 19 75 Operator Continental Oil Company  
New Mexico Oil Conservation Commission By B. D. ...

John W. Ramsey Title ...