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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC.</u>			Lease <u>FRED LUTHY</u>			Well No. <u>2</u>		
Location of Well	Unit <u>D</u>	Sec. <u>29</u>	Twp <u>19</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>EU-MONT YATES 7-R. QUEEN</u>		<u>GAS</u>	<u>Flow</u>	<u>Csg</u>	<u>2" W.O.</u>		
Lower Compl	<u>EU-MONUMENT G-SA</u>		<u>Oil</u>	<u>ART LIFT</u>	<u>Tbg</u>	<u>2" W.O.</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 4-2-90

Well opened at (hour, date): 8:30 AM 4-3-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>74</u>	<u>11</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>80</u>	<u>11</u>
Minimum pressure during test.....	<u>74</u>	<u>11</u>
Pressure at conclusion of test.....	<u>80</u>	<u>11</u>
Pressure change during test (Maximum minus Minimum).....	<u>6</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>INC.</u>	<u>None</u>

Well closed at (hour, date): 8:30 AM 4-4-90 Total Time On Production 24

Oil Production _____ Gas Production _____

During Test: 2 bbls; Grav. 32.1 During Test 7.0 MCF; GOR 3,500

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 AM 4-5-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>85</u>	<u>12</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>85</u>	<u>12</u>
Minimum pressure during test.....	<u>42</u>	<u>9</u>
Pressure at conclusion of test.....	<u>42</u>	<u>9</u>
Pressure change during test (Maximum minus Minimum).....	<u>43</u>	<u>3</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>

Well closed at (hour, date): 8:30 AM 4-6-90 Total time on Production 24

Oil production _____ Gas Production _____

During Test: 0 bbls; Grav. -; During Test 200.0 MCF; GOR _____

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

OP

Operator
Felix Trevino

Signature

FELIX TREVINO - PROD. Specialist

Printed Name

397-4778

Title

4-26-90

OIL CONSERVATION DIVISION

APR 30 1990

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

RECEIVED
APR 25 1960
C. J. HOBBS

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