

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

OIL CONSERVATION DIVISION

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

INSTRUCTIONS ON REVERSE
SIDE

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>Kaiser Francis Oil Company</u>			Lease <u>Bindle Fed. Com.</u>			Well No. <u>1</u>	
Location of Well	Unit <u>C</u>	Sec. <u>9</u>	Twp <u>23S</u>	Rge <u>27E</u>	County <u>Eddy</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 N/A	
Upper Compl	<u>Atoka</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>F/O</u>	
Lower Compl	<u>Morrow</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>	<u>F/O</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): Already shut in

Well opened at (hour, date): 8:00 AM, 08/05/2002

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): 10:00 AM, 08/05/2002

Oil Production

During Test: 0 bbls; Grav. 0

Gas Production

During Test Too small to measure

Total Time On
Production

2 Hours

MCF; GOR 0

Remarks Well shut in

FLOW TEST NO. 2

Well opened at (hour, date): 08/06/2002

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): 08/06/2002

Oil production

During Test: 0 bbls; Grav. 0

Gas Production

During Test Too small to measure

Total time on
Production

2 Hours

MCF; GOR 0

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kaiser-Francis Oil Company

Operator

C. Jan Valkenburg

Signature

Charlotte Van Valkenburg Technical Coord-

Printed Name

Title inator

9/5/02

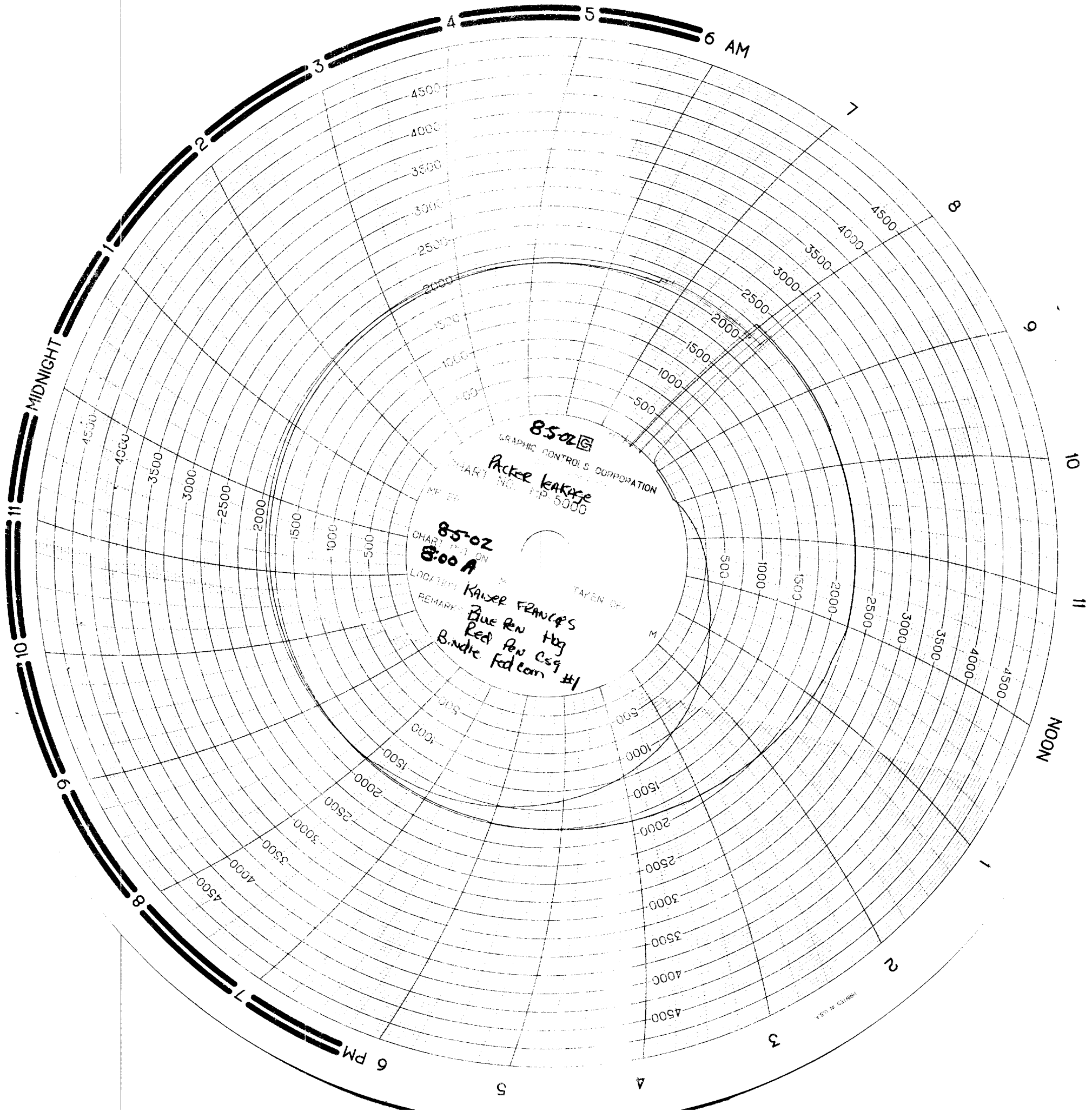
918-491-4314

OIL CONSERVATION DIVISION

Date Approved SEP 27 2002

By

Title



8502

GRAPHIC CONTROLS CORPORATION

PACKER LEAKAGE

CHART NO. GP-5000

8502

CHART NO. GP-5000

8:00 A

REMARKS
Kaiser Francis
Blue Ren Hg
Red Ren Csg
B. ndie Fed com #1

TAKEN BY

M

PRINTED IN U.S.A.

