Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
ALTURA Energy LTD			STATE C-TR. 13		5
Location of Well: Unit	Sec.	Twp	Rge	County	
E	36	21S	37E	Lea	

	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	Blinebry	oil-Gas	ART. LIFT	Tbg.	64
Lower Compl	Tubbs	GAS	flow	Tbg.	64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM NOV. 17-1997

Well opened at (hour, date): 10:30 AM NOV 18-1997

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	20
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	60	300
Minimum pressure during test	20	20
Pressure at conclusion of test	40	295
Pressure change during test (Maximum minus Minimum)	20	280
Was pressure change an increase or a decrease?		

Well closed at (hour, date): 10:30 AM. NOV-18-97 Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 52 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:30 AM. NOV-19-97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	25
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	60	300
Minimum pressure during test	20	25
Pressure at conclusion of test	20	290
Pressure change during test (Maximum minus Minimum)	20	290
Was pressure change an increase or a decrease?	25	280

Well closed at (hour, date) 10:30 AM NOV-20-97 Total time on Production 24 hrs

Oil production During Test: 0-Oil / 1-WTR bbls; Grav. _____; Gas Production During Test 115 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

ALTURA Energy LTD. Eunice N. Mex.
Operator

C.P. Montoya
Signature

C.P. Montoya — F.T.
Printed Name — Title

NOV 21-1997 (505) 394-2219
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR

Title _____

Well Test Report

Scheduled For Month Of

District
Regulatory Field Blinebry Oil & Gas
Lease State C Tr. 13
Completion Zone Blinebry

Foreman Pumper

FLAC Well Horizon		
FLAC	Horiz Zone Sub	Chk Dig
934902	021	6

Submitted By C. J. Montano

Checked By

005236

Control Number	Transaction Code	Test Data: Date Test Started Mo	Da	Yr	Well Status Kind	Cond.	Type Test	Type Report	PRS Alloc	Hours Shut-In Prior To Test	Hours Produced Prior To Test	Length Of Test Hours	Min	Production While On Test: Oil Barrels	Water Barrels	Gas MCF	Avg Hrs Prod Per Day Hours	Min
1		11	20	97	G	09				24		24		0	10	115	10	
* 1		4			5	6					11		13	14	15	16	17	18

Sizes: Choke 64ths	Tubing Size O.D. In	16ths	Tubing Size I.D. In	16ths	Casing Size I.D. In	16ths	Injection String I.D. In	16ths
19	20		21		22		23	

Pressures (PSIG): Separator	Line	Final Tubing	Initial Casing	Final Casing	Producing Bottom Hole	Shut-In Tubing
24	25	26	27	28	29	30

Gas Lift Or Hydraulic Lift: Gas Or Hydraulic Lift: Art. Lift Substance	Injected Volume	Avg. Inj. Pressure	Gas Lift Only: Type	Choke 64ths	Cycle Time Minutes	Inj. Minutes Per Cycle
31	32	33	34	35	36	37

Pump Information: Strokes Per Minute	Stroke Length Inches	Pump Off Hours	Pump Off Min	Cycle Time For PO Hours	Cycle Time For PO Min	Pump Plunger Size 16ths	Pump Depth Feet	Jet Pump: Nozzle Area	Throat Area
38	39	40	41	42	43	44	45	46	47

Oil-Cond: Observed Gravity	Obs Temp
48	49

Calculated Data Items: GOR Source	Formation GOR Cu Ft/Bbl	Input GFR MCF/Bbl	Gravity Corrected To 60 F Degrees	Percent Watercut	Water Gas Ratio	Volumetric Efficiency For Rod Pump

Schedule: Test Filed with Reg. Agency: Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2		S												
		5	6	7	8	9	10	11	12	13	14	15	16	

Schedule: Test Gas Measured or Estimated: Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2		G												
		G												
1	2													

Schedule: Test Gas Not Measured or Es: Control Number	Transaction Code	Type Test	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2		T									
		T									
1	2		5	6	7	8	9	10			

Transaction Code
1 = To Delete
3 = To Add
6 = To Change

Type Well Test Code (See MC-2314)

Type Well Test Report Code (See MC-2315)

Artificial Lift Substance Code (See MC-2370)

Type Gas Lift Code (See MC-2316)

GOR Source Code (See MC-2371)

PRS Allocation Flag
Y = Yes (Default)
N = No

Remarks Packer Leakage Test

Form 5549-Dec-85

* Field Numbers For Free Form Input - Shaded Field Number Areas Indicate Fields Required For New Test Data


Received
Hobbs
OCD