Operator Rick's

Location of Well

Prod. Medium

(Tbg. or Csg)

INSTRUCT

SIDE

## **OIL CONSERVATION DIVISION**

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

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

Unit 5W/4

5W/U

Exploration 1

Name of Reservoir or Pool

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Twp

Type of Prod.

(Oil or Gas)

Fed

Rge

Method of Prod.

Flow, Art Lift

This form is not to be us reporting packer leakage to Northwest New Mexico

Well No.

Choke Size

Compl	<u> </u>	6	F	CasiNg	1
Lower Compl	Morrow	6	PlungerLift	Tubing	F
		FLOW TES	T NO. 1	, , , , , , , , , , , , , , , , , , , ,	
Both z	ones shut-in at (hour, date): 7:15 A M	9-20.02			
	pened at (hour, date): 6/50 Am 9-21			Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.					
Pressure at beginning of test.				450	
Pressure at beginning of test.  Stabilized? (Yes or No).  Maximum pressure during test.  Pressure at beginning of test.  SEP 2002  RECEUSED.				_4	<del></del>
				675	
Minimum amounts during test				50	
Pressure at conclusion of test.				500	
Pressure change during test (Maximum minus Minimum)				625	
	ressure change an increase or a decrease?			decrease	
-	losed at (hour, date): 9-20 7:15 km		Total Time On Production 24	424	
Oil Pro	oduction Test: O bbls; Grav.	Gas Production During Test	19	MCF; GOR	
_	ks Well on Plunger Lift	During Test	<i>d</i> /	MCr, GOR	
ELOW TEST NO. 2					
Well opened at (hour, date):				Upper Completion	Lower Completion
Indicate by ( X ) the zone producing					
Pressure at beginning of test				450	
Stabilized? (Yes or No)				4	
Maximum pressure during test				690	
Minimum pressure during test				60	
	re at conclusion of test		500		
Pressure change during test (Maximum minus Minimum)				632	
Was pressure change an increase or a decrease?				1-17-12	
Well c	losed at (hour, date) 4.20 7/15 Am		Total time on Production		
On pro	duction Test: O bbls; Grav. O;	Gas Production		TE. COR	
	is Upper Zone is Not How			F; GOR	
O	PERATOR CERTIFICATE OF COMP	PLIANCE TO			
	I hereby certify that the information contained herein is true and completed to the best of my knowledge			NSERVATION DIVISION	
Dell's Frank 1:			Date Approved		
) <u>/</u>	Sperator Susti		• •	100	
	Signature		Ву	(4) (P))	70
حا	Printed Name	Title Rays	Title	WO KAD	<u> </u>
<u></u> -	22-02 746-7	006		ž	
,	Telephor Telephor	ne No.			