

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

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

RECEIVED

INSTRUCTIONS ON REVERSE

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

OCT 21 1991
This form is not to be used for
reporting packer leakage tests in
Artesia, New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

| | | | | | | | |
|---------------------------------------|-----------|------------|-------------------------------|-----------------------------------|-------------------------------|----------------|--|
| Operator UMC Petroleum Corporation | | | | Lease PARKWAY WEST | | Well No. #1 | |
| Location of Well LMC PET | Unit C | Sec. 28 | Twp 19S | Rge 29E | County EDDY | | |
| 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 | STRAWN | | GAS | FLOW | TBG | FULL | |
| Lower Compl | ATOKA | | GAS | FLOW | TBG | | |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9/9/91 1:00AM

Well opened at (hour, date): 9/10/91 11:00AM

| | Upper Completion | Lower Completion |
|----------------------------------------------------------|-----------------------------|---------------------|
| Indicate by (X) the zone producing..... | X | |
| Pressure at beginning of test..... | | 0 |
| Stabilized? (Yes or No)..... | | YES |
| Maximum pressure during test..... | | 500 |
| Minimum pressure during test..... | | 0 |
| Pressure at conclusion of test..... | | 500 |
| Pressure change during test (Maximum minus Minimum)..... | | 500 |
| Was pressure change an increase or a decrease?..... | | E INCREASE |
| Well closed at (hour, date): 9 11 91 | | |
| Oil Production During Test: 0 bbls; Grav. 0 | | |
| Gas Pro During | | |
| Remarks INDICATION OF COMMUNICATION | | |
| Well ope Talked to Steve Manley | | Lower Completion |
| Indicate he is sending CIO3 | | |
| Pressure on P&A of Atoka | | |
| Stabilize: | | |
| Maximum 12/92 | | |
| Minimum | | |
| Pressure | | |
| Pressure | | |
| Was pressure change | | |
| Well closed at (hour, date) | Total time on Production | |
| Oil production During Test: bbls; Grav. ; | Gas Production During Test | 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

C & W WIRELINE, INC. DBA BENNETT-CATHEY

Operator

Signature

MONTY R RANDOLPH GEN MAN

Printed Name

Title

9 12 91

OIL CONSERVATION DIVISION

Date Approved

By

Title