

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gray Petroleum</u>			Lease <u>State 14 Com.</u>			Well No. <u>1</u>	
Location of Well	Unit	Sec.	Twp	Rge	County		
	<u>A E</u>	<u>14</u>	<u>19S</u>	<u>24</u>	<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	
Upper Compl	<u>Atoka</u>		<u>Gas</u>	<u>SI</u>	<u>Csg</u>	<u>--</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): 11:00 AM 09-25-02

Well opened at (hour, date): 11:00 AM 09-26-02

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): 12:00 noon 09-26-02

Total Time On Production 1 Hour

Oil Production

During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_

Gas Production  
During Test

MCF; GOR \_\_\_\_\_

Remarks Blow to atmosphere

FLOW TEST NO. 2

Well opened at (hour, date): \_\_\_\_\_

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) Left on production

Total time on Production 24 Hours

Oil production

During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_

Gas Production

During Test 79.9 MCF 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

Gray Pet

Operator

Signature

Printed Name

Date

Mike Braswell Prod. Superintendent  
Title

OIL CONSERVATION DIVISION  
OCT 24 2002

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_



