

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>Gruy Petroleum</u>			Lease <u>Gulf Federal</u>			Well No. <u>2</u>		
Location of Well	Unit <u>6</u>	Sec. <u>6</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		
Upper Compl	<u>Strawn</u>		<u>Gas</u>	<u>SI</u>	<u>Csg</u>	<u>N/A</u>		
Lower Compl	<u>Morrow</u>		<u>Gas</u>	<u>Flowing</u>	<u>Tbg</u>	<u>48/64</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM 09-25-02

Well opened at (hour, date): 9:30 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): 10:30 AM 09-26-02

Oil Production

During Test: -- bbls; Grav. --

Gas Production

During Test TSTM

Total Time On  
Production 1 Hour

MCF; GOR --

Remarks Blew casing to water tank

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM 09-27-02

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) Left on production

Oil production

During Test: 0 bbls; Grav. 0

Gas Production

During Test 81 MCF

Total time on  
Production 24 Hours

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

Gruy Pet.  
Operator

Mike Braswell  
Signature

Mike Braswell Prod. Superintendent  
Printed Name Title

10-14-02 505-748-7346  
Date Telephone No

OIL CONSERVATION DIVISION  
OCT 14 2002

Date Approved

By

Title