

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Maibach Energy</u>		Lease <u>State QQ Cam</u>		Well No. <u>4</u>	
Location of Well	Unit <u>C</u>	Sec. <u>017</u>	Twp <u>23S</u>	Rge <u>27E</u>	County
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)
Upper Compl	<u>Ateka</u>				
Lower Compl	<u>Morrow</u>		<u>Grts</u>	<u>Pump</u>	<u>Tbg</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00am / 9-9-02

Well opened at (hour, date): 10:00am / 9-10-02

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): 10:20am / 9-11-02

Total Time On Production 244 hrs

Oil Production

Gas Production

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

During Test

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

Remarks \_\_\_\_\_

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) \_\_\_\_\_

Total time on Production \_\_\_\_\_

Oil production

Gas Production

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

During Test

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

Remarks Ateka Zone will not flow, is not hooked up to pipeline

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Kellie Service, Inc.

Operator Julian F Guajardo

Signature Julian F Guajardo

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Date 9-18-02

748-3759

OIL CONSERVATION DIVISION

Date Approved SEP 27 2002

By \_\_\_\_\_

Title \_\_\_\_\_







