



NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST FOR 1999

Operator Caulkins Oil Company

Lease STATE "B" COM Well No. 2233

Location

of Well: Unit D Sec. 16 Twp. 26N Rge. 6W County Rio Arriba

	NAME OF RESERVOIR OR POOL	TYPE OF PROD.	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Comp.	Pictured Cliffs	Gas	Flow	Tubing
Lower Comp.	Basin Dakota	Gas	Flow	Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)

FLOW TEST NO. 1

Commenced at (hour, date)* 9:20 am, 2-13-00				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Comp. Lower Comp.		PROD. ZONE TEMP.	REMARKS
9:20 am, 2-14-00	24 hrs.	194	191	60	Both Zones Shut-In
9:20 am, 2-15-00	48 hrs.	201	191	60	Both Zones Shut-In
9:20 am, 2-16-00	72 hrs.	205	191	60	Both Zones Shut-In
9:20 am, 2-17-00	96 hrs.	147	192	60	Upper Zone Producing
9:20 am, 2-18-00	120 hrs.	145	192	60	Upper Zone Producing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)*				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Comp.	Lower Comp.		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

MAR - 6 2000

Approval _____ 19 _____
New Mexico Oil Conservation Division

Operator _____ Caulkins Oil Company

By Robert I. Vargue

By _____

Title _____ Superintendent

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #8**

Date _____ February 28, 2000

NOTE: This format is in lieu of Oil Conservation Division, Packer Leakage Tests Form.