

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

OIL CONSERVATION DIVISION

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

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 <i>Oxy U.S.A., Inc.</i>		Lease <i>16696</i>		State "P"		8662		Well No. <i>2</i>	
Location of Well	Unit <i>L</i>	Sec. <i>32</i>	Twp <i>22-S</i>	Rge <i>38E</i>	County <i>Lea</i>				
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	<i>Paddock, South</i>		<i>Gas</i>	<i>Flow</i>	<i>Csg</i>		<i>F/O</i>		
Lower Compl	<i>Blinebry O&amp;G</i>		<i>Oil</i>	<i>Flow</i>	<i>Tbg</i>		<i>F/O</i>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): *10:00 AM 09/05/02*

Well opened at (hour, date): *10:00 AM 09/06/02*

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<i>X</i>
Pressure at beginning of test.....	<i>35</i>	<i>98</i>
Stabilized? (Yes or No).....	<i>No</i>	<i>No</i>
Maximum pressure during test.....	<i>66</i>	<i>450</i>
Minimum pressure during test.....	<i>35</i>	<i>98</i>
Pressure at conclusion of test.....	<i>66</i>	<i>10</i>
Pressure change during test (Maximum minus Minimum).....	<i>66</i>	<i>440</i>
Was pressure change an increase or a decrease?.....	<i>Increase</i>	<i>Decrease</i>
Well closed at (hour, date): <i>10:00 AM 09/07/02</i>	Total Time On Production <i>24 Hours</i>	
Oil Production During Test: <i>0</i> bbls; Grav. <i>N/A</i>	Gas Production During Test <i>56</i> MCF; GOR <i>N/A</i>	

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): *10:00 AM 09/08/02*

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<i>X</i>	
Pressure at beginning of test.....	<i>73</i>	<i>385</i>
Stabilized? (Yes or No).....	<i>No</i>	<i>No</i>
Maximum pressure during test.....	<i>73</i>	<i>385</i>
Minimum pressure during test.....	<i>54</i>	<i>385</i>
Pressure at conclusion of test.....	<i>54</i>	<i>470</i>
Pressure change during test (Maximum minus Minimum).....	<i>54</i>	<i>85</i>
Was pressure change an increase or a decrease?.....	<i>Decrease</i>	<i>Increase</i>
Well closed at (hour, date): <i>Still flowing</i>	Total time on Production <i>24 Hours</i>	
Oil production During Test: <i>0</i> bbls; Grav. <i>N/A</i>	Gas Production During Test <i>15</i> MCF; GOR <i>N/A</i>	

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

*OXY USA WTP LP*

Operator *Marty Davis*

Signature *Marty Davis* *Workover/Completion Specialist*

Printed Name *9-17-02* Title *505-393-2174*

Date *9-17-02* Telephone No. *505-393-2174*

OIL CONSERVATION DIVISION

Date Approved *11/21/02*

By ORIGINAL SIGNED BY *GARY W. WINK*  
Title *OC FIELD REPRESENTATIVE II/STAFF MANAGER*

Appropriate Dist. Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

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

STATE OF NEW MEXICO  
 Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
 2040 South Pacheco  
 Santa Fe, New Mexico 87505

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	OXY USA Inc		16696	Lease	State P	8662	Well No.	2
Location of Well	Unit	Sec.	Twp	Rge	County			
	L	32	225	38E	Lea			
	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	Paddock, South		Gas	Flow	Csg	Open		
Lower Compl	Blinebry O&G		Oil	Flow	Tbg	Open		

**FLOW TEST NO. 1**

Both zones shut-in at (hour, date): 9:00 Am 1-4-2001

Well opened at (hour, date): 9:00 Am 1-5-2001

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	∅	∅
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	600#	400#
Minimum pressure during test.....	∅	∅
Pressure at conclusion of test.....	600#	∅
Pressure change during test (Maximum minus Minimum).....	600#	400#
Was pressure change an increase or a decrease?.....	increase	decrease
Well closed at (hour, date): <u>7:00 Am 1-6-2001</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>∅</u> bbls; Grav. <u>N/A</u>	Gas Production During Test <u>12.0</u>	
Remarks <u>No packer leak indicated</u>	MCF; GOR _____	

**FLOW TEST NO. 2**

Well opened at (hour, date): 7:00 Am 1-7-2001

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	80#	440#
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	80#	440#
Minimum pressure during test.....	20#	440#
Pressure at conclusion of test.....	20#	440#
Pressure change during test (Maximum minus Minimum).....	60#	∅
Was pressure change an increase or a decrease?.....	decreased	No change
Well closed at (hour, date): <u>7:00 Am 1-8-2001</u>	Total time on Production <u>24 hrs</u>	
Oil production During Test: <u>∅</u> bbls; Grav. <u>N/A</u>	Gas Production During Test <u>15.0</u>	
Remarks <u>No packer leak indicated</u>	MCF; GOR _____	

**OPERATOR CERTIFICATE OF COMPLIANCE**

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

Operator OXY USA Inc  
 Signature Terry A. Ainsworth  
 Printed Name Terry Ainsworth Title Perms/Welding  
 Phone No. 1-8-2001 Telephone No. 393-2174 (631-0261)

M.P. OIL CONSERVATION DIVISION  
 Date Approved \_\_\_\_\_  
 By \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_  
 Title \_\_\_\_\_ FIELD \_\_\_\_\_