

Submit 3 Copies to  
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

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

Revised 1-1-89

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

30-015-22958

Operator		Murchison Oil & Gas, Inc.			Lease		Maralo Federal		Well No.		1	
Location of Well	Unit	Sec.	22	Twp	T17S	Rge	R27E	County		Eddy		
	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	Atoka			None				CSG				
Lower Compl	Morrow			Gas		Lift		TBG				

#### FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/01/2003 8:50am

Well opened at (hour, date): 10/02/2003 9:15am

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		XXX
Pressure at beginning of test.....	1461#	480#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	1475#	480#
Minimum pressure during test.....	1455#	288#
Pressure at conclusion of test.....	1461#	443#
Pressure change during test (Maximum minus Minimum).....	20#	192#
Was pressure change an increase or a decrease?.....	Decrease	Decrease
Well closed at (hour, date): 10/03/2003 9:15am	Total Time On Production	24 hours
Oil Production During Test: 0 bbls; Grav. _____	Gas Production During Test: 197.1 MCF; GOR _____	

Remarks Atoka Zone is not Hooked Up or Produced

#### FLOW TEST NO. 2

	Upper Completion	Lower Completion
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 During Test: _____ bbls; Grav. _____	Gas Production During Test: _____ 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

Murchison Oil & Gas, Inc.

Operator

Signature

Don Norman/Wildcat Measurement Ser.

Printed Name

10/13/2003

Title

1-888-421-9453

#### OIL CONSERVATION DIVISION

APPROVED OCT 15 2003

Date Approved

By

Title



