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

clsf
bp

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

RECEIVED SEP 11 2001

Operator		Lease		Well No.
EASTLAND Oil Comp.		EASTLAND St		2

Location of Well: Unit	Sec.	Twp	Rge	County
	21	7S	26E	Chaves

	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	ABO	GAS		Csg	
Lower Compl	WOLFCAMP	GAS	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00Am / 8-20-01

Well opened at (hour, date): 10:45Am / 8-21-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	60	1050
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	105	1050
Minimum pressure during test	60	450
Pressure at conclusion of test	105	564
Pressure change during test (Maximum minus Minimum)	45	600
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 11:30Am / 8-22-01 Total Time On Production 24HRS.

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leakage.

FLOW TEST NO. 2

Well opened at (hour, date): 10:45Am / 8-23-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	164	1050
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	164	1050
Minimum pressure during test	4	1050
Pressure at conclusion of test	4	1050
Pressure change during test (Maximum minus Minimum)	160	0
Was pressure change an increase or a decrease?	Decrease	Stable

Well closed at (hour, date) 11:15Am / 8-24-01 Total time on Production 24HRS.

Oil production During Test: _____ bbls; Grav. _____ ; Gas Production During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leakage - (Well opened for 24HRS then dropped and stayed at 4 lbs.)

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kelfic Services
Operator

Julian F Guigarde
Signature

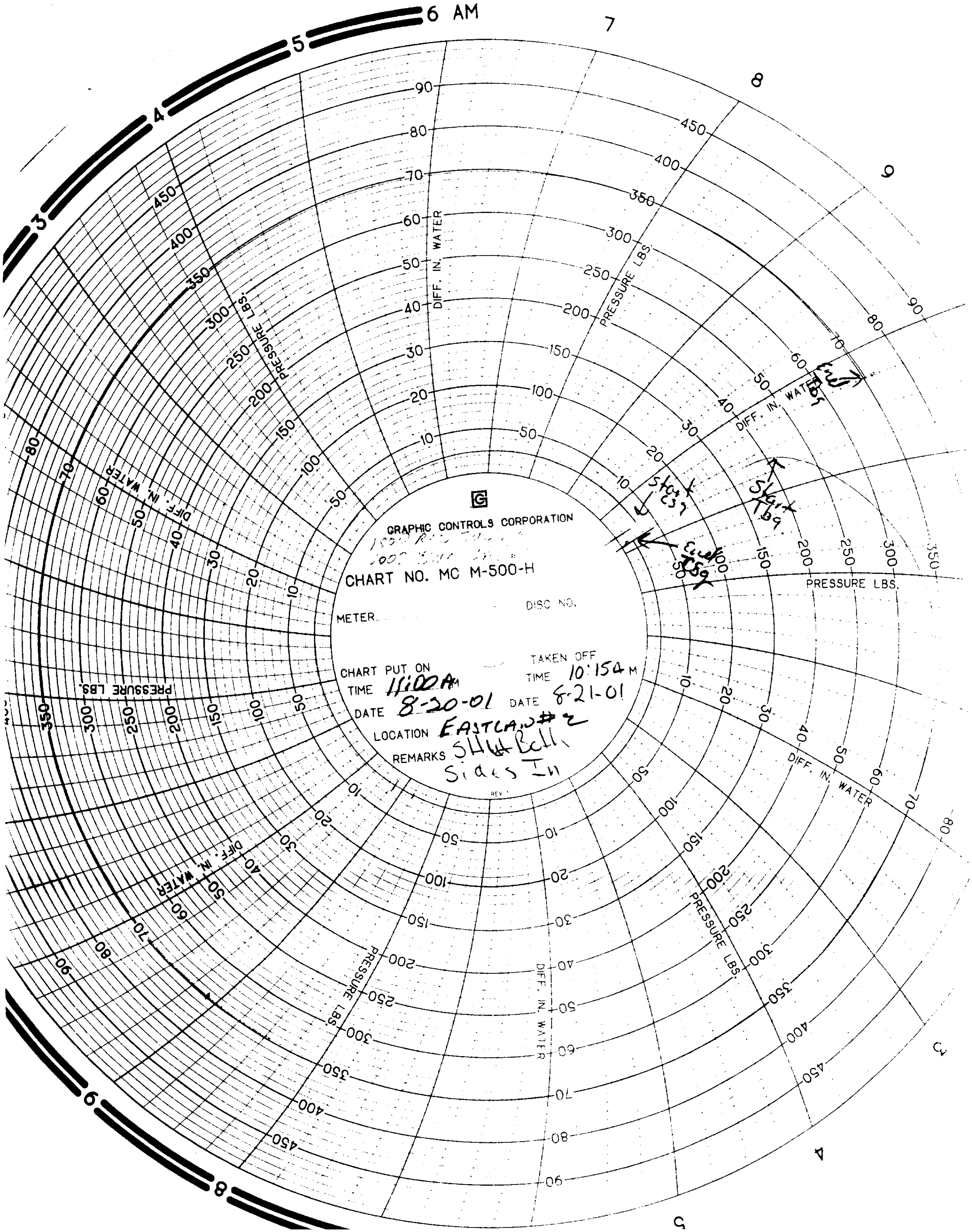
Julian F Guigarde Tester
Printed Name Title

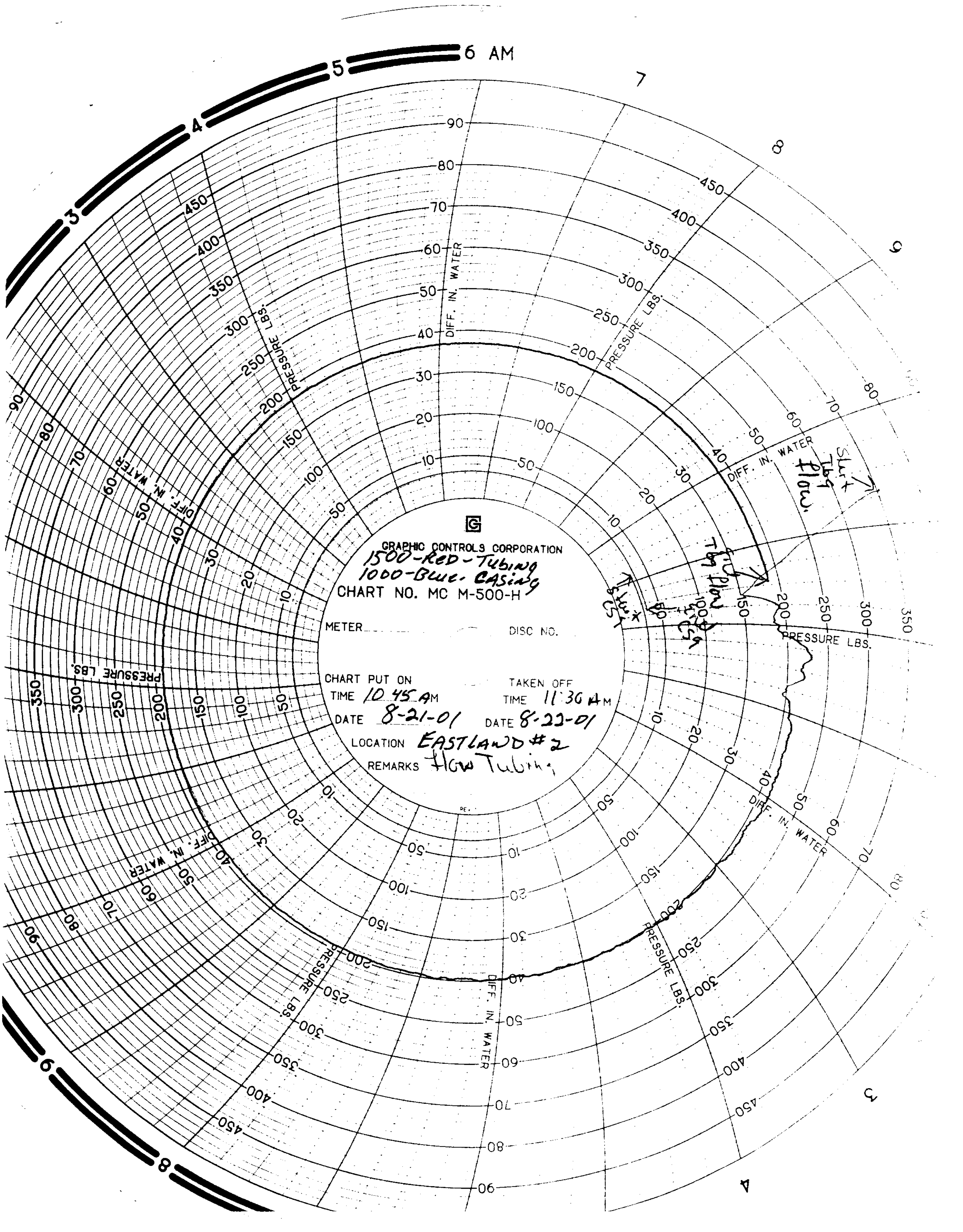
OIL CONSERVATION DIVISION

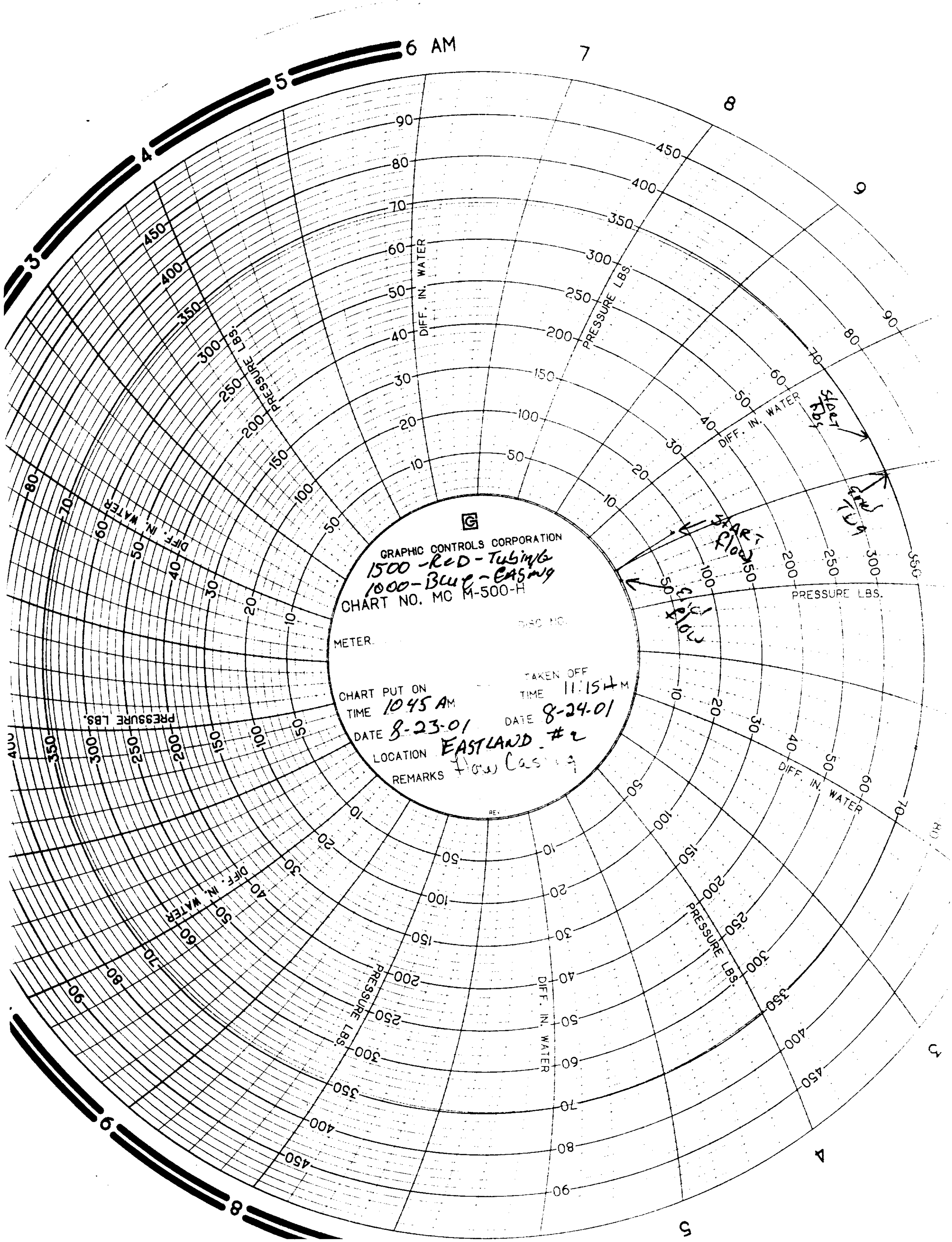
Date Approved 9-12-01

By _____

Title Field Rep II

 GRAPHIC CONTROLS CORPORATION
CHART NO. MC M-500-H
METER
DISC NO.
CHART PUT ON
TIME 11:00 AM
DATE 8-20-01
TAKEN OFF
TIME 10:15 AM
DATE 8-21-01
LOCATION EASTLAND #2
REMARKS SHH Bell, Sides In
DIFF. IN. WATER
PRESSURE LBS.
6 AM
Start Csg
Start Tbg
End Csg
End Tbg
REV 1


6 AM
GRAPHIC CONTROLS CORPORATION
1500-RED-TUBING
1000-BLUE-CASING
CHART NO. MC M-500-H
METER
DISC NO.
CHART PUT ON
TIME 10:45 AM
DATE 8-21-01
TAKEN OFF
TIME 11:30 AM
DATE 8-22-01
LOCATION EASTLAND #2
REMARKS Flow Tubing
Start Tbg Flow
Start Csg
PRESSURE LBS.
DIFF. IN. WATER


GRAPHIC CONTROLS CORPORATION
1500 - RED - Tubing
1000 - Blue - Casing
CHART NO. MC M-500-H
DISC NO.
METER
CHART PUT ON
TIME 10 45 AM
DATE 8-23-01
TAKEN OFF
TIME 11:15 AM
DATE 8-24-01
LOCATION EASTLAND #2
REMARKS Flow Casing
START Flow
End Flow
PRESSURE LBS.
DIFF. IN. WATER
6 AM
7
8
9
3
4
5