

This form is not to be used  
For reporting Packer Leakage  
Test in Northwest New Mexico

NEW MEXICO OIL CONSERVATION DIVISION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-025-20583

Operator Pure Resources Lease State DC Well No. 2  
Location Of Well: Unit E Section 19 Township 21S Range 37E County Lea

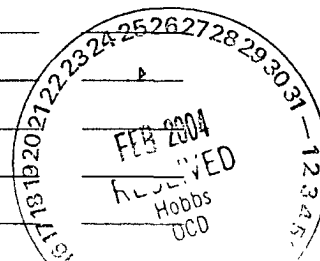
	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	<u>Blinc bry</u>	<u>Oil</u>	<u>Flowing</u>	<u>Casing</u>	<u>2"</u>
Lower Completion	<u>Pedro de K</u>	<u>Oil</u>	<u>art Lift</u>	<u>tubing</u>	<u>2"</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 AM 2-18-04  
Blincbry  
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? \_\_\_\_\_  
Total Time On Production 24hrs  
Well closed at (hour, date): \_\_\_\_\_  
Oil Production 1090 Gas Production \_\_\_\_\_  
During Test: 2000 bbls; Grav. \_\_\_\_\_; During Test \_\_\_\_\_ MCF; GOR \_\_\_\_\_  
Remarks: \* volumes include prod for all string

FLOW TEST NO. 2

Both zones shut-in at (hour, date): \_\_\_\_\_  
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? \_\_\_\_\_  
Total Time On Production 4 hours  
Well closed at (hour, date): \_\_\_\_\_  
Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_  
During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_; During Test \_\_\_\_\_ MCF; GOR \_\_\_\_\_  
Remarks: \_\_\_\_\_



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

Approved Harry W. Wink 20 04 Operator \_\_\_\_\_  
New Mexico Oil Conservation Division

By Mike Montaner By \_\_\_\_\_  
Title Area Prod. Foreman Title \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

