

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Sinclair Oil & Gas Company			Lease Barnes & Golden			Well No. 2	
Location of Well	Unit K	Sec 11	Twp 13 S	Rge 32 E	County 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	Bronco Mississippian		Oil	Pump	Tbg.	-	
Lower Compl	Bronco Silure Devonian		Oil	Pump	Tbg.	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	10:00 A.M. 5-18-64	Upper Completion	Lower Completion
Well opened at (hour, date):	10:30 A.M. 5-19-64		
Indicate by (X) the zone producing.....		X	
Pressure at beginning of test.....		30	25
Stabilized? (Yes or No).....		Yes	Yes
Maximum pressure during test.....		75	25
Minimum pressure during test.....		25	25
Pressure at conclusion of test.....		25	25
Pressure change during test (Maximum minus Minimum).....		50	0
Was pressure change an increase or a decrease?.....		Increase	-
Well closed at (hour, date):	10:30 A.M. 5-20-64	Total Time On Production	24 hr.
Oil Production	Gas Production		
During Test: 55 bbls; Grav. 43.8	; During Test 16	MCF; GOR	291
Remarks	Produced 11 bbls. water.		

FLOW TEST NO. 2

Well opened at (hour, date):	9:00 A.M. 5-21-64	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			I
Pressure at beginning of test.....		25	20
Stabilized? (Yes or No).....		Yes	Yes
Maximum pressure during test.....		25	100
Minimum pressure during test.....		20	20
Pressure at conclusion of test.....		20	100
Pressure change during test (Maximum minus Minimum).....		5	80
Was pressure change an increase or a decrease?.....		Decrease	Increase
Well closed at (hour, date):	8:00 A.M. 5-22-64	Total Time On Production	23 hr.
Oil Production	Gas Production		
During Test: 57 bbls; Grav. 41.9	; During Test 10	MCF; GOR	193
Remarks	Produced 2 bbls. water.		

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

Approved _____ 19
New Mexico Oil Conservation Commission

Operator Sinclair Oil & Gas Company

By _____

District Superintendent

By _____
Title _____