

NEW MEXICO OIL CONSERVATION COMMISSION
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	Rge 38	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 Siluro Devonian		Oil	Pump	Tbg.	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:30 AM 5-13-63

Well opened at (hour, date):	<u>9:00 AM 5-14-63</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>	
Pressure at beginning of test.....		<u>0</u>	<u>12</u>
Stabilized? (Yes or No).....		<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....		<u>35</u>	<u>15</u>
Minimum pressure during test.....		<u>0</u>	<u>12</u>
Pressure at conclusion of test.....		<u>35</u>	<u>12</u>
Pressure change during test (Maximum minus Minimum).....		<u>35</u>	<u>3</u>
Was pressure change an increase or a decrease?.....		<u>increase</u>	<u>increase</u>
Well closed at (hour, date):	<u>9:00 AM 5-15-63</u>	Total Time On Production	<u>24 hrs</u>
Oil Production		Gas Production	
During Test:	<u>47</u> bbls; Grav. <u>43</u>	During Test	<u>15</u> MCF; GOR <u>319</u>
Remarks _____			

FLOW TEST NO. 2

Well opened at (hour, date):	<u>9:30 AM 5-16-63</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			<u>X</u>
Pressure at beginning of test.....		<u>58</u>	<u>10</u>
Stabilized? (Yes or No).....		<u>No</u>	<u>Yes</u>
Maximum pressure during test.....		<u>58</u>	<u>40</u>
Minimum pressure during test.....		<u>40</u>	<u>10</u>
Pressure at conclusion of test.....		<u>40</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....		<u>18</u>	<u>30</u>
Was pressure change an increase or a decrease?.....		<u>decrease</u>	<u>increase</u>
Well closed at (hour, date):	<u>7:30 AM 5-17-63</u>	Total time on Production	<u>22 hrs</u>
Oil Production		Gas Production	
During Test:	<u>98</u> bbls; Grav. <u>43</u>	During Test	<u>20</u> MCF; GOR <u>204</u>
Remarks _____			

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 _____

By _____ Title Dist. Supt

Title _____ Date May 24, 1963

