

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator MIDWEST OIL CORPORATION				Lease STATE "C"		Well No. 1	
Location of Well		Unit K	Sec 32	Twp 13	Rge 34	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	UPPER PENN		OIL	GL	Tbg		18/64"
Lower Compl	LOWER PENN		OIL	GL	Tbg		20/64"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 N (7-13-66)

Well opened at (hour, date): 12:00 N (7-14-66)

	Upper Completion (RECORDER)	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	650	355
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	650	905
Minimum pressure during test.....	200	355
Pressure at conclusion of test.....	620	905
Pressure change during test (Maximum minus Minimum).....	450	550
Was pressure change an increase or a decrease?.....	DECREASE INCREASE	INCREASE
Well closed at (hour, date): 12:00 N (7-15-66)	Total Time On Production 24.0 HOURS	
Oil Production	Gas Production	
During Test: 93.00 bbls; Grav. 55.4 ; During Test 339.2 MCF; GOR 3647		
Remarks		

FLOW TEST NO. 2

Well opened at (hour, date): 12:00 N (7-16-66)

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	860	900
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	900	900
Minimum pressure during test.....	840	100
Pressure at conclusion of test.....	840	100
Pressure change during test (Maximum minus Minimum).....	60	800
Was pressure change an increase or a decrease?.....	INCREASE DECREASE	DECREASE
Well closed at (hour, date): 12:00 N (7-17-66)	Total time on Production 24.0 HOURS	
Oil Production	Gas Production	
During Test: 4.0 bbls; Grav. 41.3 ; During Test 159.4 MCF; GOR 39950		
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

By _____
Title _____

Operator _____
By _____
Title _____

Date _____