NE MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	· · · · · · · · · · · · · · · · · · ·	Lease	04.4. HA*	# /xom +1	Well	,	
Location Unit Sec	Twp	R	ge ge	" (NCT-A)	No. ounty	No. 1	
of Well G 2	Type of F		of Prod			Lea ke Siz	
Name of Reservoir or Pool	(Oil or C	. 1	Art Lift	(Tbg or C			
Upper Compl Anderson Ranch Wolfcamp	011	Kob	e Pulip	Tbg	5•	2m WO	
Compl Anderson Ranch Devonian	OTI	11	-1	The	ş.	2m MO	
	FLOW	TEST NO. 1					
Both zones shut-in at (hour, date):	10:45 a.	m., 5-6-63					
Well opened at (hour, date):	10:45 a.	m., 5-7-63		Upp Compl	e r Letion Co	Lower mpleti	
Indicate by (X) the zone producing	g	• • • • • • • • • • • •	• • • • • • • • •	•••••		X	
Pressure at beginning of test	• • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • •	130)	6	
Stabilized? (Yes or No)	• • • • • • • • • • • •	•••••	• • • • • • • •	···· Yes	<u> </u>	Yes	
Maximum pressure during test	• • • • • • • • • • • •	•••••	• • • • • • • •	148	3	64	
inimum pressure during test	• • • • • • • • • • • •	•••••	• • • • • • • •	130)	16	
Pressure at conclusion of test	• • • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • •	148	<u> </u>	16	
Pressure change during test (Maximur	n minus Mini	mum)		18	<u> </u>	49	
Was pressure change an increase or a	a decrease?.	• • • • • • • • • • •			r.	Decr.	
Well closed at (hour, date): 10	145 a.m., 5-	8-63	Total Ti	me On on <u>24</u>	hrs		
Dil Production During Test:3_bbls; Grav		Production ing Test	78°0	MCF · GO	R16.000		
Well opened at (hour, date):		EST NO. 2		Upp []		Lower	
indicate by (X) the zone produci						mpleti	
ressure at beginning of test						6	
tabilized? (Yes or No)						Yes	
aximum pressure during test				<u> </u>		6	
inimum pressure during test							
ressure at conclusion of test				_		6	
ressure change during test (Maximum						0	
as pressure change an increase or a						•	
Tell closed at (hour, date) 10:45 act	5-10-63	T Production	otal time roduction	e on 24	hrs		
uring Test: 68 bbls; Grav.	38.8 ;Durin	ng Test	70.0	_MCF; GOR_	1029		
e mar ks					· · · · · · · · · · · · · · · · · · ·		
hereby certify that the informatio	n herein cor	ntained is tr	ue and co	omplete to t	the best of	, wa	
mowieage.		j		L CORPORATI		· -v	
pproved	_19	$\Delta I_{\mathcal{A}}$, ~ [1		
		ъ у	RAYMON	D WATSON			
tle		Title	WELL T	ESTER			
# V # C		Date	5-13-	<u></u>			

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