		This form is <u>not</u> be used for report packer leakage ter in Northwest New !	ing its fexico				ATION COMMI		1		
Operator Sinclair Cil & Gas Company					•	Leas	State Lea 396			1	1
Locati of Wel		Unit K	Sec	25	Twp	15 S	Rge	36	E	County	o. † Lea
OI WEI	<u></u>	Name of Rese	mroin o	r Pool	1	of Prod or Gas)	Method of		Prod.		Choke Size
Upper Compl		Dean Permo Pe		1 1001		or Gas) Dil	Flow, Art Shut Tr		Tb,	r Csg)	_
Lower Compl		Dean Devonia	n			il	Pump		Tb	-	<u> </u>
OCMPT					 F1	LOW TEST	NO 1		1	<u></u>	
Both z	one	es shut-in at	(hour.	dat.e):			8-21-64				
		ned at (hour,								Upper mpletion	Lower
		by (X) the								_	Completion X
		at beginning									20
		ed? (Yes or N									Yes
		pressure duri									20
		ressure duri									20
		at conclusion									
		change during									0
		sure change as									_
		sed at (hour,					Tot	al Ti		24 hrs.	
(\14) D-		ction st: 28				~ -					
		ed at (hour,			ut In				Сол		Completion
		at beginning									
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		ressure durin									
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		change during									
		ire change an									
Well cl	.056	ed at (hour,	date)				Produ	L time action	on	The same of the sa	
Oil Pro During	a u c Tes	st:b	bls; Gr	av. 46	Ga ; Du	s Produ uring Te	c tion st		MCF; GO	R	
		This zone i									
I hereb	y (certify that	the inf	ormation h	nerein	contain	ed is t rue a	ınd c o	mplete to	the bes	st of my
Approve			· Jan	19)	NO.	Operator	Sincla	ir Oil &	Gas Com	pany
	****	co Qil Conser	vation (- A.L.	y July	1	7 2 1	· > ~~	•
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itle			1			··		Sent.om	ber 9, 1	964	4