

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator AMERADA HESS CORPORATION				Lease STATE A		Well No. 5	
Location of Well	Unit A	Sec. 32	Twp 18	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	HOBBS LOWER BLINEBRY			OIL	FLOW	TBG	24/64
Lower Compl	HOBBS DRINKARD			OIL	FLOW	TBG	20/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 A.M. 7-22-94

Well opened at (hour, date): 11:00 A.M. 7-23-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	850	680
Stabilized? (Yes or No).....	NO	NO
Maximum pressure during test.....	890	680
Minimum pressure during test.....	850	100
Pressure at conclusion of test.....	875	100
Pressure change during test (Maximum minus Minimum).....	40	580
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE
Well closed at (hour, date): 11:00 A.M. 7-24-94	Total Time On Production 24 HOURS	
Oil Production During Test: 3 bbls; Grav. -	Gas Production During Test: 233	MCF; GOR 77667

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 11:00 A.M. 7-25-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	875	700
Stabilized? (Yes or No).....	YES	NO
Maximum pressure during test.....	875	760
Minimum pressure during test.....	40	700
Pressure at conclusion of test.....	40	760
Pressure change during test (Maximum minus Minimum).....	835	60
Was pressure change an increase or a decrease?.....	DECREASE	INCREASE
Well closed at (hour, date): 11:00 A.M. 7-26-94	Total time on Production 24 HOURS	
Oil production During Test: 5 bbls; Grav. -	Gas Production During Test: 81	MCF; GOR 16200

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

AMERADA HESS CORPORATION

Operator

Signature *Bill Petree*

Signature

BILL PETREE OPERATION TECHNICIAN

Printed Name

Title

7-27-94

(505) 393-2144

Date

Telephone No.

mp OIL CONSERVATION DIVISION

JUL 29 1994

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

Title

DISTRICT I SUPERVISOR