

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

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>TANCO INC.</u>			Lease <u>NUM. 0' NUT-1 STATE</u>			Well No. <u>14</u>	
Location of Well	Unit <u>J</u>	Sec <u>36</u>	Twsp <u>17</u>	Rge <u>34</u>	County <u>LEA</u>		
	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	<u>VACUUM Blinkey</u>		<u>ASD</u>	<u>held for 5 min</u>	<u>allowing string</u>		
Lower Compl							

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	_____	_____
Stabilized? (Yes or No).....	_____	_____
Maximum pressure during test.....	_____	_____
Minimum pressure during test.....	_____	_____
Pressure at conclusion of test.....	_____	_____
Pressure change during test (Maximum minus Minimum).....	_____	_____
Was pressure change an increase or a decrease?.....	_____	_____
Well closed at (hour, date): _____	Total Time On Production _____	
Oil Production _____	Gas Production _____	
During Test: _____ bbls; Grav. _____	; During Test _____ MCF; GOR _____	
Remarks <u>Blinkey zone shut-in ASD</u>		
<u>ANNUAL ZONE SEGREGATION TEST</u>		

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	_____	_____
Stabilized? (Yes or No).....	_____	_____
Maximum pressure during test.....	_____	_____
Minimum pressure during test.....	_____	_____
Pressure at conclusion of test.....	_____	_____
Pressure change during test (Maximum minus Minimum).....	_____	_____
Was pressure change an increase or a decrease?.....	_____	_____
Well closed at (hour, date) _____	Total time on Production _____	
Oil Production _____	Gas Production _____	
During Test: _____ bbls; Grav. _____	; During Test _____ MCF; GOR _____	
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 John W. Rangan
Title Geologist

Operator _____
By _____
Title _____
Date _____