

NEW MEXICO OIL CONSERVATION COMMISSION

SOU EAST NEW MEXICO PACKER LEAKAGE ST

Operator <u>MARATHON OIL COMPANY</u>				Lease <u>MCALLISTER STATE</u>		Well No. <u>9</u>	
Location of Well	Unit <u>K</u>	Sec <u>25</u>	Twp <u>17-S</u>	Rge <u>34E</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 GLORIETA</u>		<u>OIL</u>	<u>G.L.</u>	<u>TUBING</u>	<u>3 7/8</u>	
Lower Compl	<u>VACUUM BLINEBRY</u>		<u>OIL</u>	<u>FLOWN</u>	<u>TUBING</u>	<u>40/40</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00AM 9-9-74

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:00AM 9-10-74</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>271</u>	<u>311</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>273</u>	<u>311</u>
Minimum pressure during test.....	<u>271</u>	<u>30</u>
Pressure at conclusion of test.....	<u>273</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....	<u>2</u>	<u>281</u>
Was pressure change an increase or a decrease?.....	<u>INCR.</u>	<u>DECR.</u>
Well closed at (hour, date): <u>4:00PM 9-10-74</u>	Total Time On Production <u>7 HRS.</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>-</u>	During Test <u>TSTM</u>	MCF; GOR <u>-</u>
Remarks <u>WELL DIED. ALL PRESSURES BY DEAD WEIGHT GAUGE</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:00AM 9-11-74</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>273</u>	<u>102</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>273</u>	<u>103</u>
Minimum pressure during test.....	<u>47</u>	<u>102</u>
Pressure at conclusion of test.....	<u>47</u>	<u>103</u>
Pressure change during test (Maximum minus Minimum).....	<u>226</u>	<u>1</u>
Was pressure change an increase or a decrease?.....	<u>DECR</u>	<u>INCR.</u>
Well closed at (hour, date): <u>9:00AM 9-12-74</u>	Total time on Production <u>24HRS.</u>	
Oil Production	Gas Production	
During Test: <u>10</u> bbls; Grav. <u>375</u>	During Test <u>6</u>	MCF; GOR <u>600.</u>
Remarks <u>NO G.L. GAS INJECTED WELL DIED. TEST INDICATES</u>		

THERE IS NO COMMUNICATION BETWEEN THE ABOVE ZONES.

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

Operator MARATHON OIL COMPANY
WMA
Thurman E. Gentry

