

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Amerada Hess Corp.</u>		Lease <u>State V.B.</u>		Well No. <u>2</u>	
Section <u>K</u>	Subsec <u>36</u>	Twp <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 Comp <u>Vacuum Glorieta</u>	<u>oil</u>	<u>Pump</u>	<u>Tbg.</u>	<u>2"</u>	
Lower Comp <u>Vacuum Blindebry</u>	<u>oil</u>	<u>T.A.</u>	<u>—</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M. 12-11-73

Well opened at (hour, date): 9:00 A.M. 12-12-73

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>100</u>	<u>920</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>No</u>
Maximum pressure during test.....	<u>140</u>	<u>920</u>
Minimum pressure during test.....	<u>20</u>	<u>240</u>
Pressure at conclusion of test.....	<u>140</u>	<u>240</u>
Pressure change during test (Maximum minus Minimum).....	<u>120</u>	<u>680</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>9:00 A.M. 12-11-73</u>	Total Time On Production <u>24 hrs.</u>	
Oil Production	Gas Production	
During Test: <u>50</u> bbls; Grav. <u>—</u>	During Test <u>84.10</u> MCF; GOR <u>1078</u>	
Remarks <u>Vacuum Blindebry zone is T.A. Press. decrease due to Choke leakage</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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____ nnn
New Mexico Oil Conservation Commission

Operator Amerada Hess Corp.

By _____

Title Area Superintendent

By _____
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