Submit 3 Copies to Appropriate Dist. Office

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT I

DISTRICT II

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MI	EXICO PACKER	LEAKAGE	TEST	
Operator HEVRON USA INC Location Unit	Lease, ORAHAM	n STATE	INT CO	Well No
of Well J sec. 25	$9 \mid ^{kge} 30$	•	County	eA
Name of Reservoir or Pool (Oil or Ga	rod. Method o	f Prod.	Prod. Medium	Choke Size
Upper Compl Eumont 7-R. Queen GA			(Tbg. or Csg)	0.11
Compl FUNICE MONUMENT G-SA 01		- , ,	<u>(59</u>	2"w.o.
	OW TEST NO. 1		769	2"w.o.
Both zones shut-in at (hour, date): 9:30 Am 5-6			\	
Well opened at (hour, date): 9:30 Am 5.7.			Upper Completion	Lower Completion
Indicate by (X) the zone producing				X
Pressure at beginning of test			10/	
Stabilized? (Yes or No)			ves	Ves
Maximum pressure during test			110	75
Minimum pressure during test			10 /	
Pressure at conclusion of test.			110	<u>56</u> 25
Pressure change during test (Maximum minus Minimum)			79	-/3
				7/7
Was pressure change an increase or a decrease?	Total T		VC.	INC.
Well closed at (hour, date): 9:30 Am 5-8-9/ Oil Production Gas Production During Test: 26 bbls; Grav. 32,3 During Test	uction			597
FLO	W TEST NO 2			
Well opened at (hour, date): 9:30 Am 5-9.9/			Upper Completion	Lower Completion
Indicate by (X) the zone producing			X	Completion
Pressure at beginning of test			116	50
Stabilized? (Yes or No)	***************************************	·····	Ve s	
Maximum pressure during test			116	50
Minimum pressure during test			41	42
Pressure at conclusion of test			4//	42
Pressure change during test (Maximum minus Minimum)			75	8
Was pressure change an increase or a decrease?	****************	<i>_D</i> e	CRIASE	DECKEASE
Well closed at (hour, date) 9:30 Am 5-10-9/ Oil production	Total time on Production	ZYKRS		
During Tests	1 796.0	MCF; GOI	2	
During Test:bbls; Grav; During Tes				
Remarks				
OPERATOR CERTIFICATE OF COMPLIANCE				
	0/		/ATION DIV	

FELIX TREVINO PROD. Specialis 7
Printed Name
5-17-91
505-305-305

ORIGINAL SIGNED BY JERRY SEXTON DISTARCI I BUFERVISOR

Title