Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Dept.

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 MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
CHEVRON USA INC.			B.V. Culp NCT-A		3
Location of Well	Unit	Sec.	Twp	Rge	County
	F	19	19	37	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	Fumont Yates 7-R.Q.	GAS	Flow	Csg	2" w.o.
Lower Compl	Eunice Monument G-SA	OIL	ART LIFT	Tbg	2" w.o

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7-5-91 8AM

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	0	40
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	0	100
Minimum pressure during test	0	40
Pressure at conclusion of test	0	100
Pressure change during test (Maximum minus Minimum)	None	60
Was pressure change an increase or a decrease?		INC

Well closed at (hour, date): 7-5-91 8AM Total Time On Production 4

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks CHECKED WITH Eddie Seay W/OCD TO TEST ZONES THIS WAY.

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	0	40
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	0	40
Minimum pressure during test	0	40
Pressure at conclusion of test	0	40
Pressure change during test (Maximum minus Minimum)	None	None
Was pressure change an increase or a decrease?		

Well closed at (hour, date) _____ Total time on Production _____

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks Fumont GAS W/N Flow - See ATTACHMENT

OPERATOR CERTIFICATE OF COMPLIANCE

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

CHEVRON USA INC.
Operator

Felix Trevino
Signature

Felix Trevino PROD. Specialist
Printed Name Title

7-8-91 505-397-8737

OIL CONSERVATION DIVISION

Date Approved JUL 10 1991

By ORIGINAL SIGNED ... ION
DISTRICT I SUPERVISOR

Title _____