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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 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 MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC.</u>			Lease <u>B.V. CAMP NET-A</u>			Well No. <u>3</u>		
Location of Well	Unit <u>F</u>	Sec. <u>19</u>	Twp <u>19</u>	Rge <u>37</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>EUMONT YATES 7-R.Q.</u>		<u>GAS</u>	<u>Flow</u>	<u>CSS</u>	<u>2" W.O.</u>		
Lower Compl	<u>EUNICE MANUMENT G-SA</u>		<u>oil</u>	<u>ART. LIFT</u>	<u>Tbg</u>	<u>2" W.O.</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8 AM 2-5-90

Well opened at (hour, date): 8 AM 2-6-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>180</u>	<u>323</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>180</u>	<u>323</u>
Minimum pressure during test.....	<u>178</u>	<u>30</u>
Pressure at conclusion of test.....	<u>178</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....	<u>2</u>	<u>293</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Decrease</u>
Well closed at (hour, date): <u>2-7-90</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>80</u> bbls; Grav. <u>32.0</u>	Gas Production During Test <u>42.0</u> MCF; GOR <u>525</u>	

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 2-8-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>180</u>	<u>200</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>180</u>	<u>225</u>
Minimum pressure during test.....	<u>45</u>	<u>200</u>
Pressure at conclusion of test.....	<u>45</u>	<u>225</u>
Pressure change during test (Maximum minus Minimum).....	<u>135</u>	<u>25</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>INCREASE</u>
Well closed at (hour, date) <u>2-9-90</u>	Total time on Production <u>24 hrs.</u>	
Oil production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>63.0</u> MCF; GOR _____	

Remarks *PACKER LEAKAGE TEST AFTER WELL WORKED OVER
THIS WELL ALSO TAKE CARE OF SCHEDULE TEST FOR 1990 AS PER O

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

2-9-90

397-4778

Title

OIL CONSERVATION DIVISION

FEB 12 1990

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____

RECEIVED

FEB 11 1990

OCD
HOBBS OFFICE