

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

SOUTHERN NEW MEXICO PACKER LEAKAGE TEST

Operator CHEVRON USA INC.			Lease H. T. Orcutt NCTB - Cam			Well No. 2	
Location Well	Unit G	Sec 13	Twp 20	Rge. 36	County 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 comple		EUMONT VATES T-R.Q.	GAS	PUMP	CSS	2" u.o.	
Lower comple		EUNICE MONUMENT G-SA	SHUT OFF	NOT PRODUCING			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

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): _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks **EUNICE MONUMENT G-SA IS CLOSED OFF W/DOWN HOLE**
GARRETT SHEAVE CLOSED, PUMPING EUMONT GAS ZONE ONLY

FLOW TEST NO. 2

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): _____

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: **JUN 12 1987**
Oil Conservation Division
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Operator **CHEVRON USA INC**
By **Delmar Trevino**
Title **PRODUCTION SPECIALIST**

RECEIVED
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HOBBS OFFICE