

| | | | | | | | |
|----------------------------------|-------------------|-----------|------------------------------|----------------------------------|------------------------------|---------------|--|
| Operator MARATHON OIL COMPANY | | | Lease LEA UNIT | | | Well No. 3 | |
| Location of Well | Unit J | Sec 13 | Twp 20S | Rge 34E | 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 Compl | LEA PENNSYLVANIAN | | GAS | DEAD | TUBING | - - | |
| Lower Compl | LEA DEVONIAN | | OIL | G.L. | TUBING | - - | |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00AM 8-20-72

| | Upper Completion | Lower Completion |
|--|------------------------------------|---------------------|
| Well opened at (hour, date): 9:00AM 8-21-72 | | |
| Indicate by (X) the zone producing..... | | X |
| Pressure at beginning of test..... | 10 | 900 |
| Stabilized? (Yes or No)..... | YES | YES |
| Maximum pressure during test..... | 10 | 900 |
| Minimum pressure during test..... | 10 | 100 |
| Pressure at conclusion of test..... | 10 | 100 |
| Pressure change during test (Maximum minus Minimum)..... | 0 | 800 |
| Was pressure change an increase or a decrease?..... | NA | DECR. |
| Well closed at (hour, date): 1:00PM 8-21-72 | Total Time On Production 4 HRS. | |
| Oil Production | Gas Production | |
| During Test: 0 bbls; Grav. - | During Test TSTM | MCF; GOR - |
| Remarks NO GAS-LIFT GAS INJECTED & WELL DIED | | |

FLOW TEST NO. 2

| | Upper Completion | Lower Completion |
|--|-----------------------------|---------------------|
| Well opened at (hour, date): WELL DEAD | | |
| Indicate by (X) the zone producing..... | | |
| Pressure at beginning of test..... | 10 | 900 |
| Stabilized? (Yes or No)..... | YES | YES |
| 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 WELL DEAD | | |

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

Approved SEP 22 1972 19

New Mexico Oil Conservation Commission

Operator Marathon Oil Company

By Joe W. Younger

Title Refr Engr

Orig. Signed By Joe D. Ramey

By

RECEIVED

SEP 10 1972
OIL CONSERVATION COMM.
HOBBS, N. M.