

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

**OIL CONSERVATION DIVISION**

INSTRUCTIONS ON REVERSE  
SIDE

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST**

*Meridian Oil Inc*

*Quapaw Com*

*#1*

Operator Burgundy Oil & Gas of New Mexico, Inc.		Lease Eunice Monument Unit			Well No. 31	
Location of Well	Unit P	Sec. 19	Twp 20S	Rge 37E	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	Eumont Gas Pool		Gas	Flow	Csg	2"
Lower Compl	Eunice Monument (Grayburg San Andres)		Oil	Art Lift	Tbg	

**FLOW TEST NO. 1**

Both zones shut-in at (hour, date):	7-24-95	8:10 AM		
Well opened at (hour, date):	7-25-95	8:10 AM	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....			X	
Pressure at beginning of test.....			60	205
Stabilized? (Yes or No).....			YES	YES
Maximum pressure during test.....			60	205
Minimum pressure during test.....			20	197
Pressure at conclusion of test.....			24.5	197
Pressure change during test (Maximum minus Minimum).....			35.5	8
Was pressure change an increase or a decrease?.....			Decrease	Decrease
Well closed at (hour, date):			Total Time On Production	26 hrs.
Oil Production During Test: <u>0</u> bbls; Grav. <u>NA</u>			Gas Production During Test	22 MCF
			MCF; GOR	NA

Remarks \_\_\_\_\_

**FLOW TEST NO. 2**

Well opened at (hour, date):			Upper Completion	Lower Completion
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):			Total time on Production	
Oil production During Test: _____ bbls; Grav. _____			Gas Production During Test	_____ MCF; GOR _____

Remarks \_\_\_\_\_

**OPERATOR CERTIFICATE OF COMPLIANCE**  
I hereby certify that the information contained herein is true and completed to the best of my knowledge

**BURGUNDY OIL & GAS OF NEW MEXICO, INC.**

Operator  
*Ben Taylor*  
Signature  
Ben Taylor  
Printed Name  
Prod. Manager  
Title

8/15/95  
Date  
915/684-4033  
Telephone No.

*MP* OIL CONSERVATION DIVISION  
AUG 17 1995  
Date Approved \_\_\_\_\_  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_