

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

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

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

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>Meridian Oil Inc</u>		Lease <u>Quapaw Com</u>		Well No. <u>31</u>	
Burgundy Oil & Gas of New Mexico, Inc.		Eunice Monument Unit			
Location of Well	Unit <u>P</u>	Sec. <u>19</u>	Twp <u>20S</u>	Rge <u>37E</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)
Upper Compl	Eumont Gas Pool		Gas	Flow	Csg
Lower Compl	Eunice Monument (Grayburg San Andres)		Oil	Art Lift	Tbg
					Choke Size <u>2"</u>

FLOW TEST NO. 1

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

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

Signature

Ben Taylor

Printed Name

8/15/95

Date

Prod. Manager

Title

915/684-4033

Telephone No.

MP OIL CONSERVATION DIVISION

AUG 17 1995

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title