

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

SOUTHERN NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gulf Oil Corporation</u>			Lease <u>Central Drinkard Unit</u> <u>JN CALSON (NCT-A)</u>		Well <u>W1W 125</u> No. <u>4</u>	
Location of Well	Unit <u>0</u>	Sec <u>28</u>	Twp <u>21</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>Blinberry</u>	<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>—</u>	
Lower Compl	<u>Drinkard</u>	<u>W1W</u>		<u>Tbg</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 Am 1/21/85

Well opened at (hour, date): 9:00 Am 1/22/85

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>193</u>	<u>1300</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>193</u>	<u>1300</u>
Minimum pressure during test.....	<u>47</u>	<u>1300</u>
Pressure at conclusion of test.....	<u>47</u>	<u>1300</u>
Pressure change during test (Maximum minus Minimum).....	<u>-146</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>No change</u>
Well closed at (hour, date): <u>9:00 Am</u> <u>1/23/85</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>66.0</u> MCF; GOR <u>—</u>	
Remarks <u>Lower zone is water injection well</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
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):	Total time on Production	
Oil Production During Test: bbls; Grav. ;	Gas Production During Test MCF; GOR	
REMARKS:		

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

Approved: FEB 28 1985 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

Title

Operator Gulf Oil Corporation

By JW Harburn

Title Well Tester

Date 2/13/85

RECEIVED

FEB 25 1985

O.C.R.
HONORARY OFFICE