

STRICTLY
P.O. Box 1980, Hobbs, NM 88240

STRICTLY
P.O. Drawer DD, Artesia, NM 88210

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

INSTRUCTIONS
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>CHECKON USA INC.</u>			Lease <u>CDU</u>			Well No. <u>126</u>		
Unit	Sec.	Twp	Rge	County				
<u>P</u>	<u>28</u>	<u>21</u>	<u>37</u>	<u>LEA</u>				
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csp)	Choke Size		
<u>TRIBB</u>			<u>GAS</u>	<u>FLOWING</u>	<u>TBG</u>	<u>2"</u>		
<u>DRINKARD</u>			<u>OIL</u>	<u>STANDING</u>	<u>TBG</u>	<u>2"</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 06-10-96 11:30 AM

Well opened at (hour, date): 06-11-96 11:30 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>25</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>200</u>	<u>0</u>
Maximum pressure during test.....	<u>SAME</u>	<u>0</u>
Minimum pressure during test.....	<u>50</u>	<u>0</u>
Pressure at conclusion of test.....	<u>50</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>150</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>SAME</u>

Well closed at (hour, date): _____

Oil Production _____ Gas Production _____

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

Remarks BOTTOM ZONE CI

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): _____

Oil production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ 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

CHECKON USA INC

Operator AL Alexander

Signature AL ALEXANDER

Printed Name AL ALEXANDER

PRODUCTION TITLE _____

OIL CONSERVATION DIVISION

Date Approved JUN 25 1996

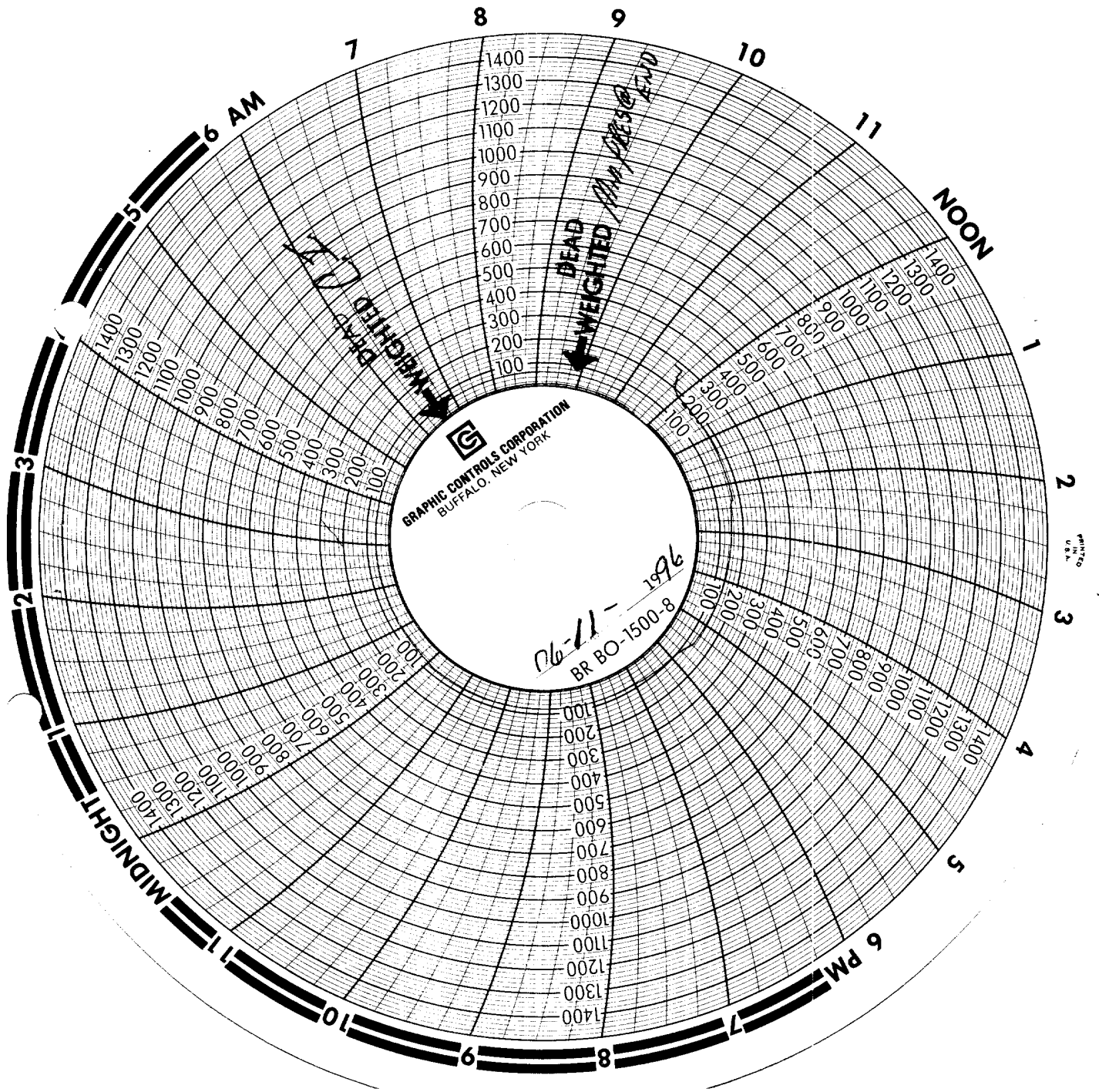
By _____

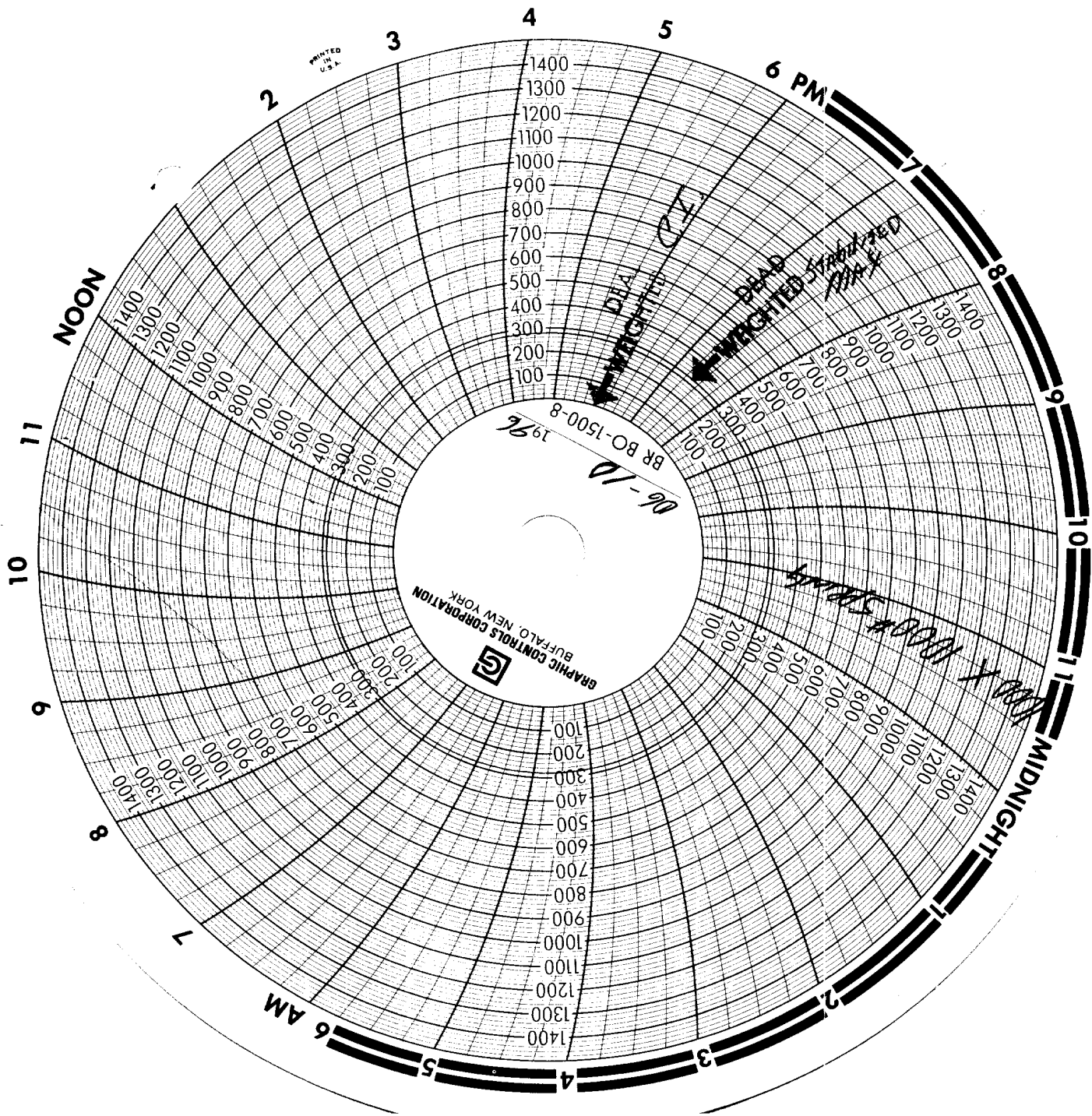
Original Signed By _____

Title _____

200 30 100







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