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

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

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

SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

J.N. Carson (NCT)C 3

Operator		Lease		Well No.
CHEVRON USA INC		CENTRAL DRINKARD UNIT		126
Location of Well: Unit	Sec.	Twp	Rge	County
P	28	21	37	

	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	TUBB	GAS	FLOWING	TBG	2"
Lower Compl	DRINKARD	OIL	STANDING	TBG	2"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 05/02-94 12:35

Well opened at (hour, date): 05-03-94 12:15

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	70	30
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	180	30
Minimum pressure during test	70	30
Pressure at conclusion of test	70	30
Pressure change during test (Maximum minus Minimum)	110	NO
Was pressure change an increase or a decrease?	DECREASE	NONE

Well closed at (hour, date): 11:45 Total Time On Production 23

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 102 MCF; GOR —

Remarks BOTTOM ZONE STANDING

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 _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

CHEVRON USA INC.
Operator

J.L. Alexander
Signature

A.L. ALEXANDER
Printed Name

Title

05-05-94
Date

397-8770 X 229
Telephone

OIL CONSERVATION DIVISION

Date Approved MAY 13 1994

By ORIGINAL SIGNED BY [illegible]

Title _____