

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

OIL CONSERVATION DIVISION

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC.</u>		Lease <u>J. CARSON NCT.C</u>		Well No. <u>6</u>	
Location Well	Unit <u>P</u>	Sec. <u>28</u>	Twp <u>21</u>	Rge <u>37</u>	County
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Lbg. or Csg)	Choke Size
Upper Comple	<u>PENROSE</u>	<u>OIL</u>	<u>TA'D</u>	<u>T69</u>	<u>—</u>
Lower Comple	<u>W. NEARY</u>	<u>GAS</u>	<u>F</u>	<u>T69</u>	<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 03-06-95 9:35 AM

Well opened at (hour, date): 03-07-95 9:35 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>280</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>280</u>
Minimum pressure during test.....	<u>0</u>	<u>110</u>
Pressure at conclusion of test.....		<u>110</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>170</u>
Was pressure change an increase or a decrease?.....	<u>SAME</u>	<u>DECREASE</u>

Well closed at (hour, date): _____

Oil Production _____ Gas Production _____

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

Remarks _____

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): _____

Oil production _____ Gas Production _____

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

Remarks TA'D STANDING

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. H. Alexander PRODUCTION

Signature AL. ALEXANDER 397-8970-221

Printed Name _____ Title _____

3-17-95 397-8970-229

OIL CONSERVATION DIVISION

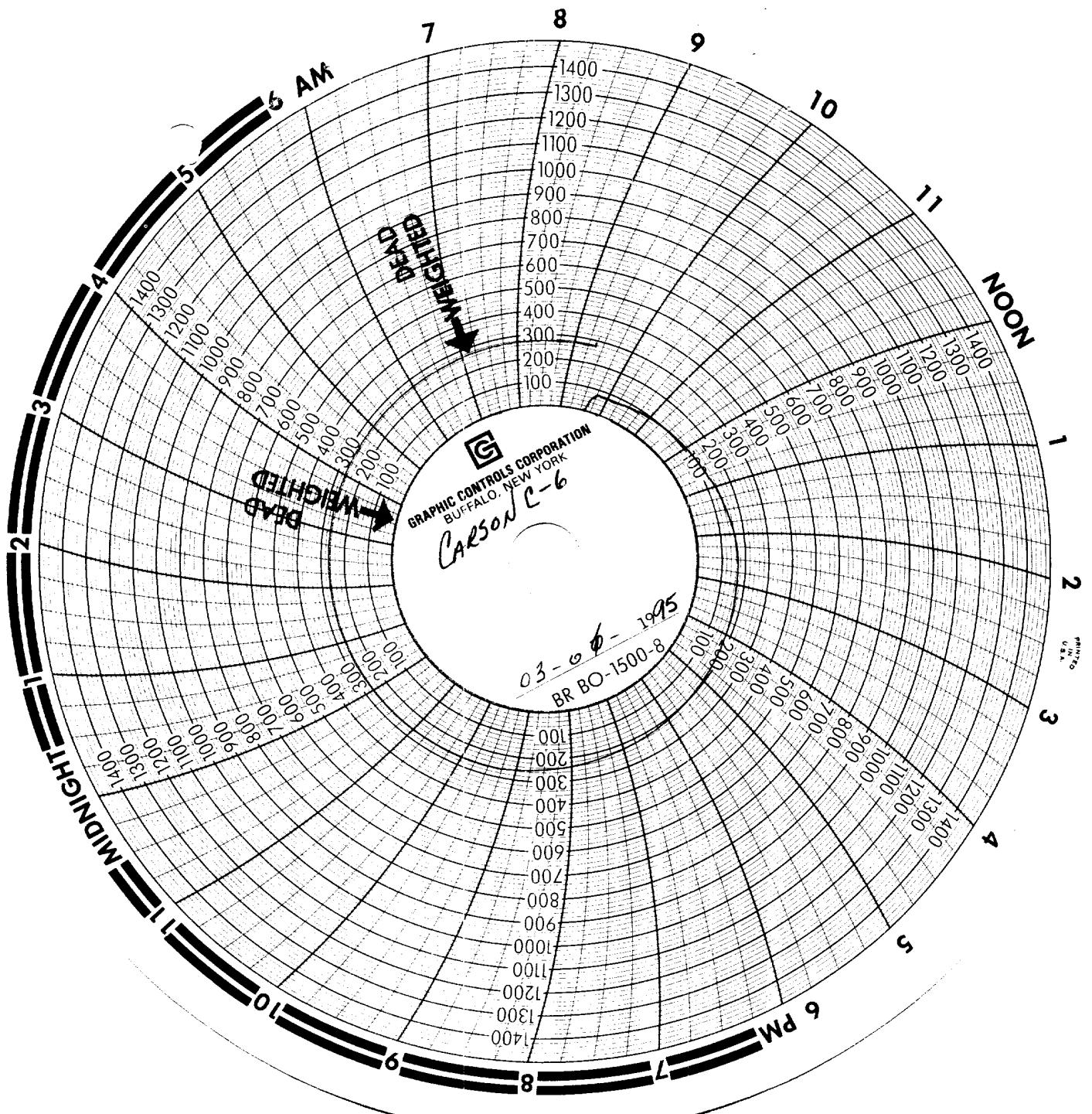
MAR 28 1995

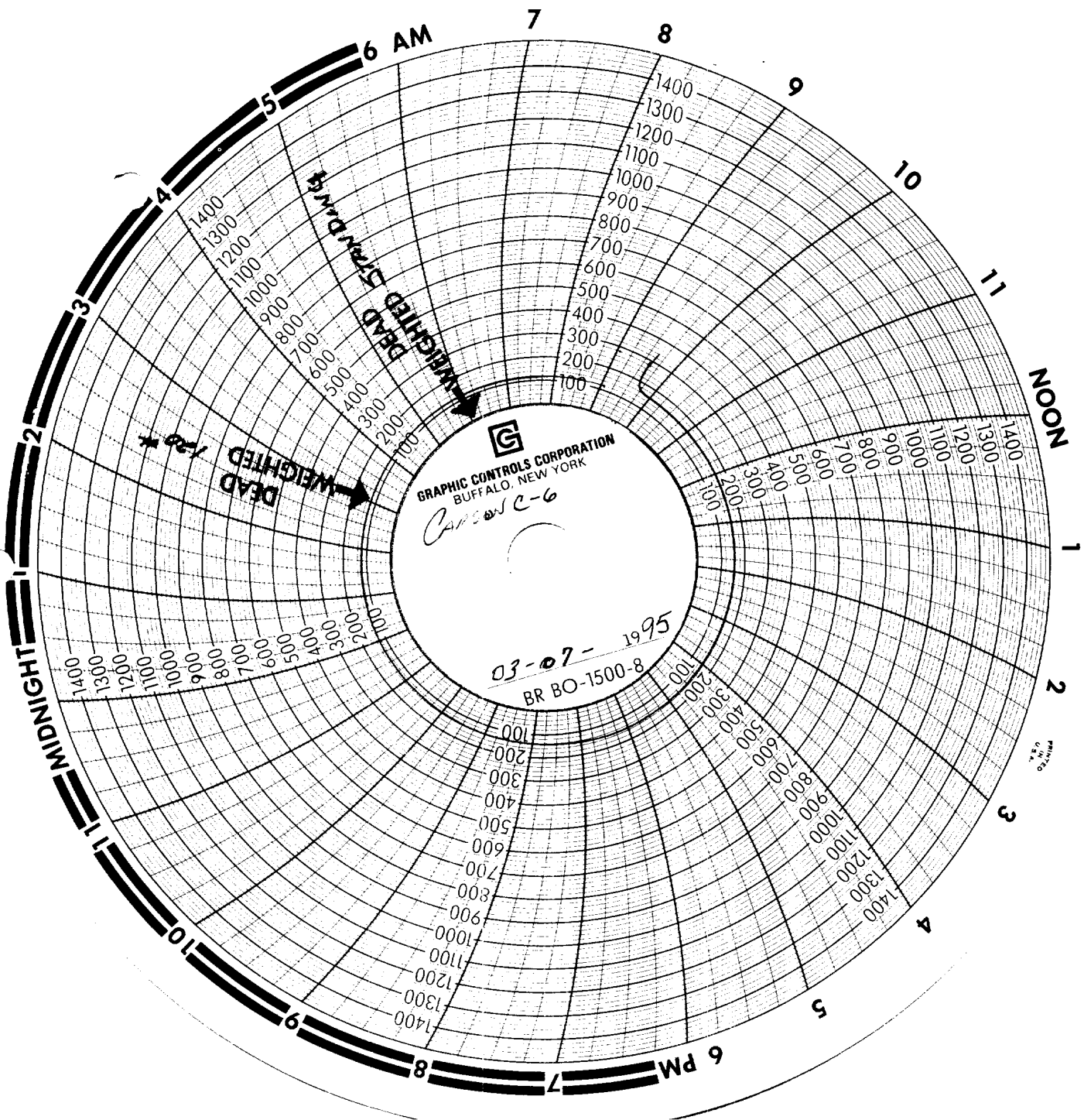
Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____





SECRET
1005
1000
HIDE