

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2086
Santa Fe, New Mexico 87504-2088

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC.</u>		Lease <u>CARSON NCT-C</u>		Well No. <u>6</u>	
Location of Well	Unit <u>P</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>PENROSE</u>	<u>OIL</u>	<u>ART LIFT</u>	<u>TBG</u>	<u>—</u>
Lower Compl	<u>BLINEBRY</u>	<u>GAS</u>	<u>FLOWING</u>	<u>TBG</u>	<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9-21-94

Well opened at (hour, date): 9-22-94 11: Am

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		☒
Pressure at beginning of test.....	<u>5</u>	
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>5</u>	<u>215</u>
Minimum pressure during test.....	<u>5</u>	<u>105</u>
Pressure at conclusion of test.....	<u>5</u>	<u>105</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>110</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>

Well closed at (hour, date): 9-22-94 Total Time On Production 24 HRS

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 450 MCF; GOR _____

Remarks UPPER ZONE STANDING

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>STANDING</u>	
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 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
A.L. Alexander
Signature
AL ALEXANDER Prod. Spec.
Printed Name
10-03-94 397-8770-229
Title

OIL CONSERVATION DIVISION

Date Approved OCT 14 1994
By [Signature]
Title DEPUTY DIRECTOR

RECEIVED

OCT 05 1994

OFFICE