

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088This form is not to be used for
reporting packer leakage tests in
Northwest New MexicoDISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CHEVRON USA INC</u>		Lease <u>JW CARSON (NCT) A</u>		Well No. <u>9</u>	
Location <u>Unit</u>	<u>K</u>	Sec. <u>28</u>	Twp <u>31</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 <u>Blumery</u>		<u>Gas</u>	<u>Flow</u>	<u>TBG</u>	<u>—</u>
Lower <u>Tubb</u>		<u>Gas</u>	<u>Flow</u>	<u>TBG</u>	<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3-6-95 8:15 AM

Well opened at (hour, date): 3-7-95 8:15 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>120</u>	<u>220</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>120</u>	<u>220</u>
Minimum pressure during test.....	<u>35</u>	<u>220</u>
Pressure at conclusion of test.....	<u>35</u>	<u>220</u>
Pressure change during test (Maximum minus Minimum).....	<u>85</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASES</u>	<u>SAME</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.....		<u>X</u>
Pressure at beginning of test.....	<u>120</u>	<u>220</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>120</u>	<u>220</u>
Minimum pressure during test.....	<u>120</u>	<u>50</u>
Pressure at conclusion of test.....	<u>120</u>	<u>50</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 _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledgeCHEVRON USA INC.

Operator

Signature

Printed Name

A.L. ALEXANDER

Title

3-20-95 292 8770-279

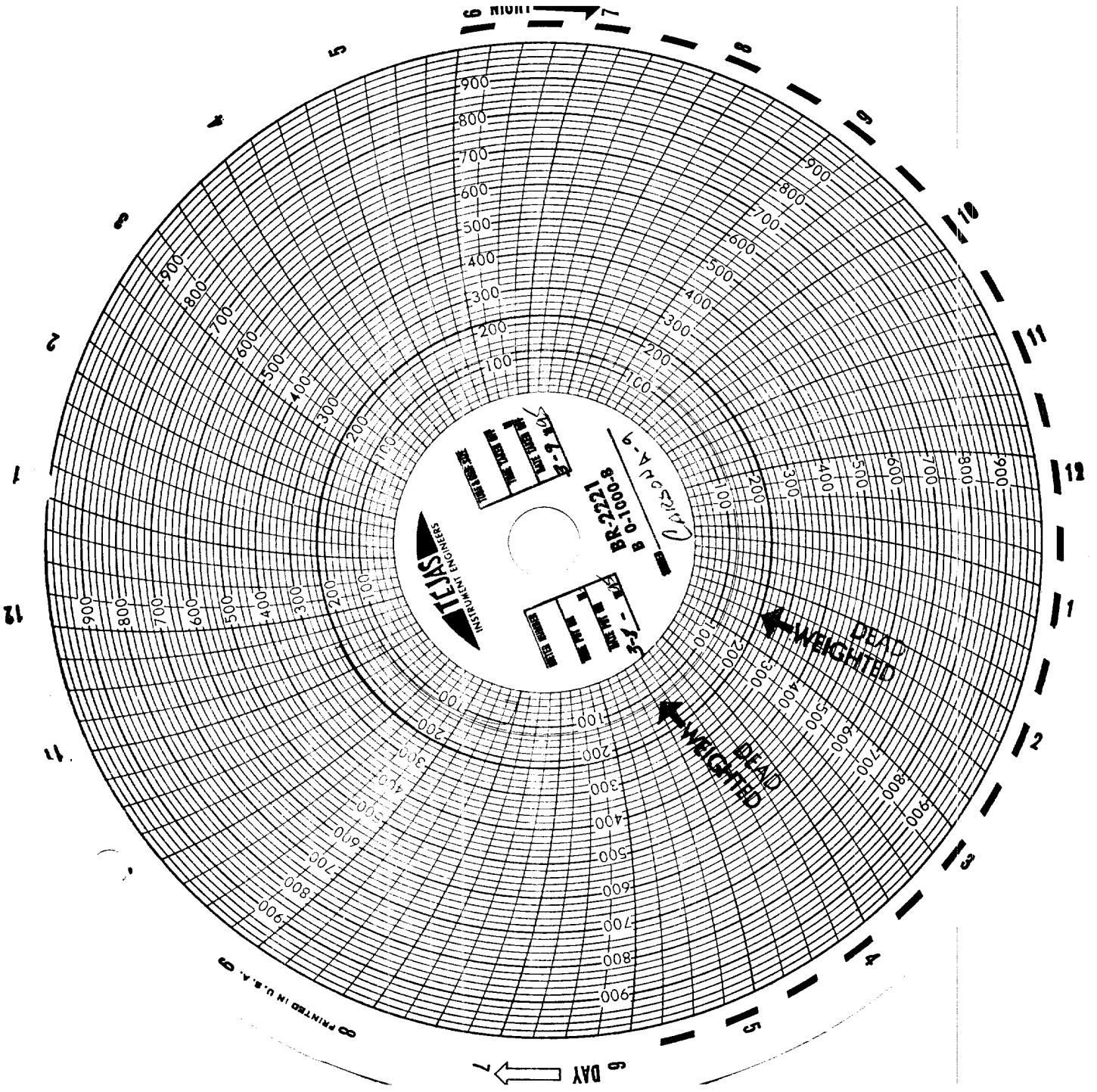
OIL CONSERVATION DIVISION

MAR 28 1995

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

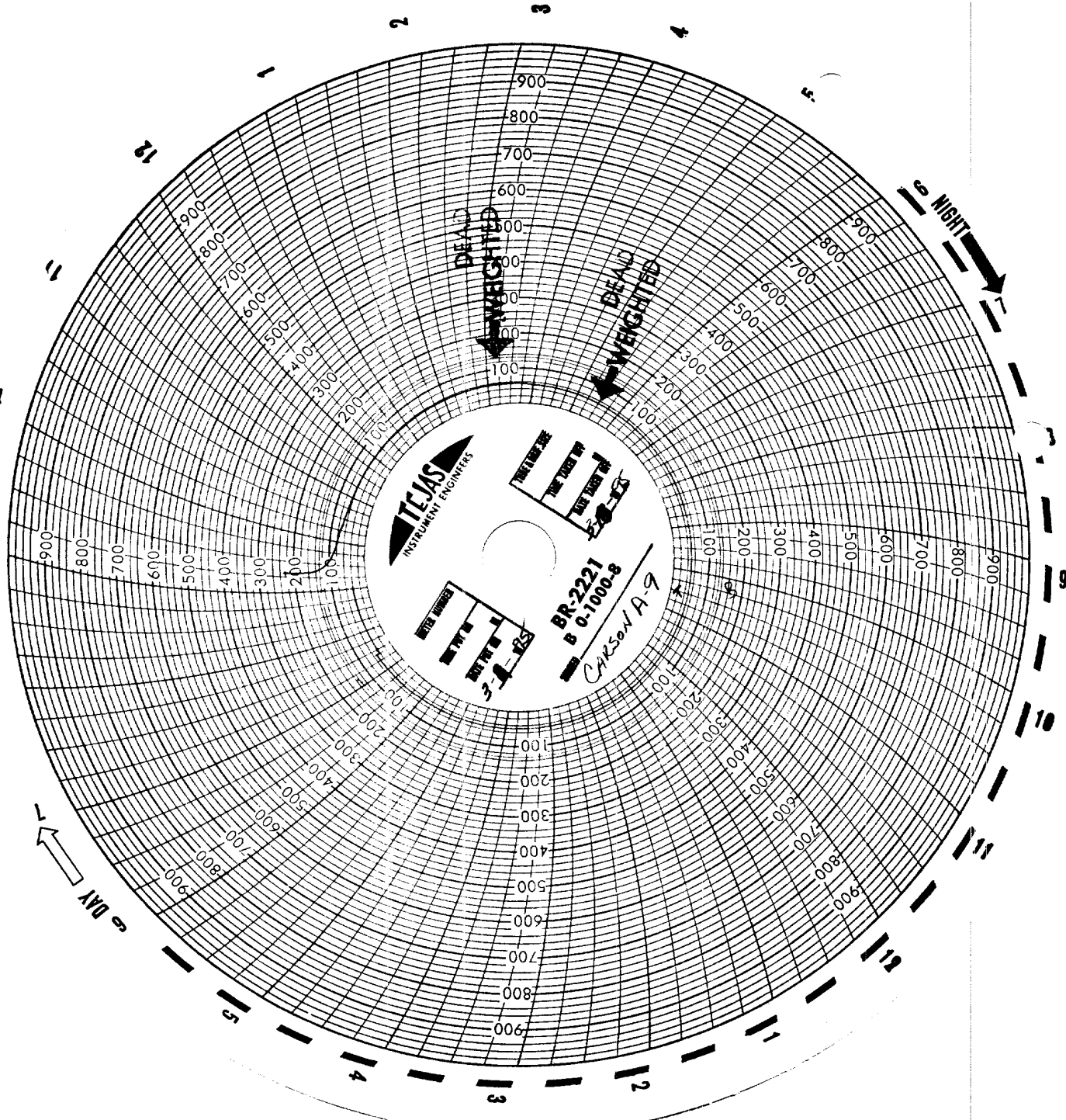
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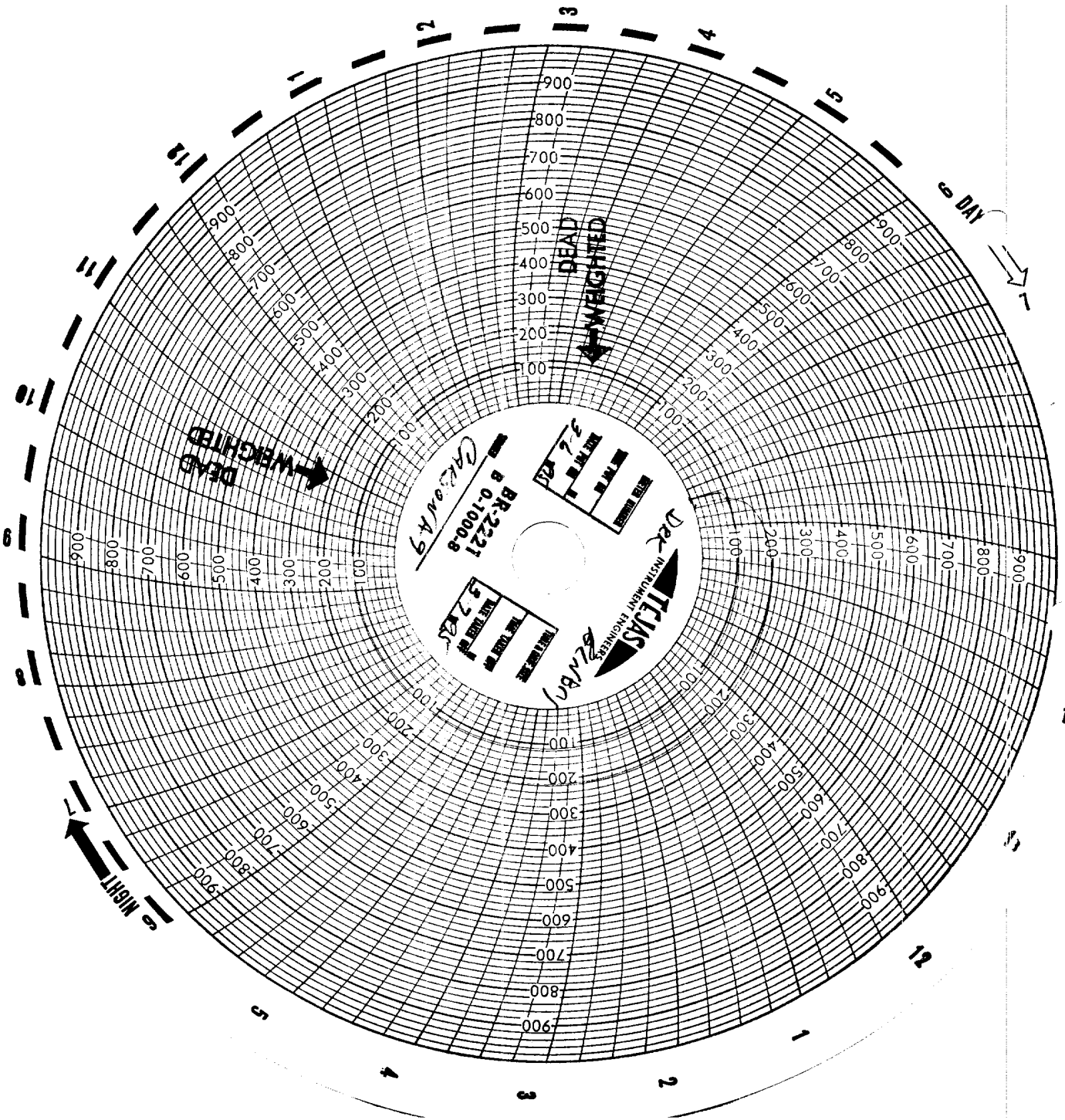
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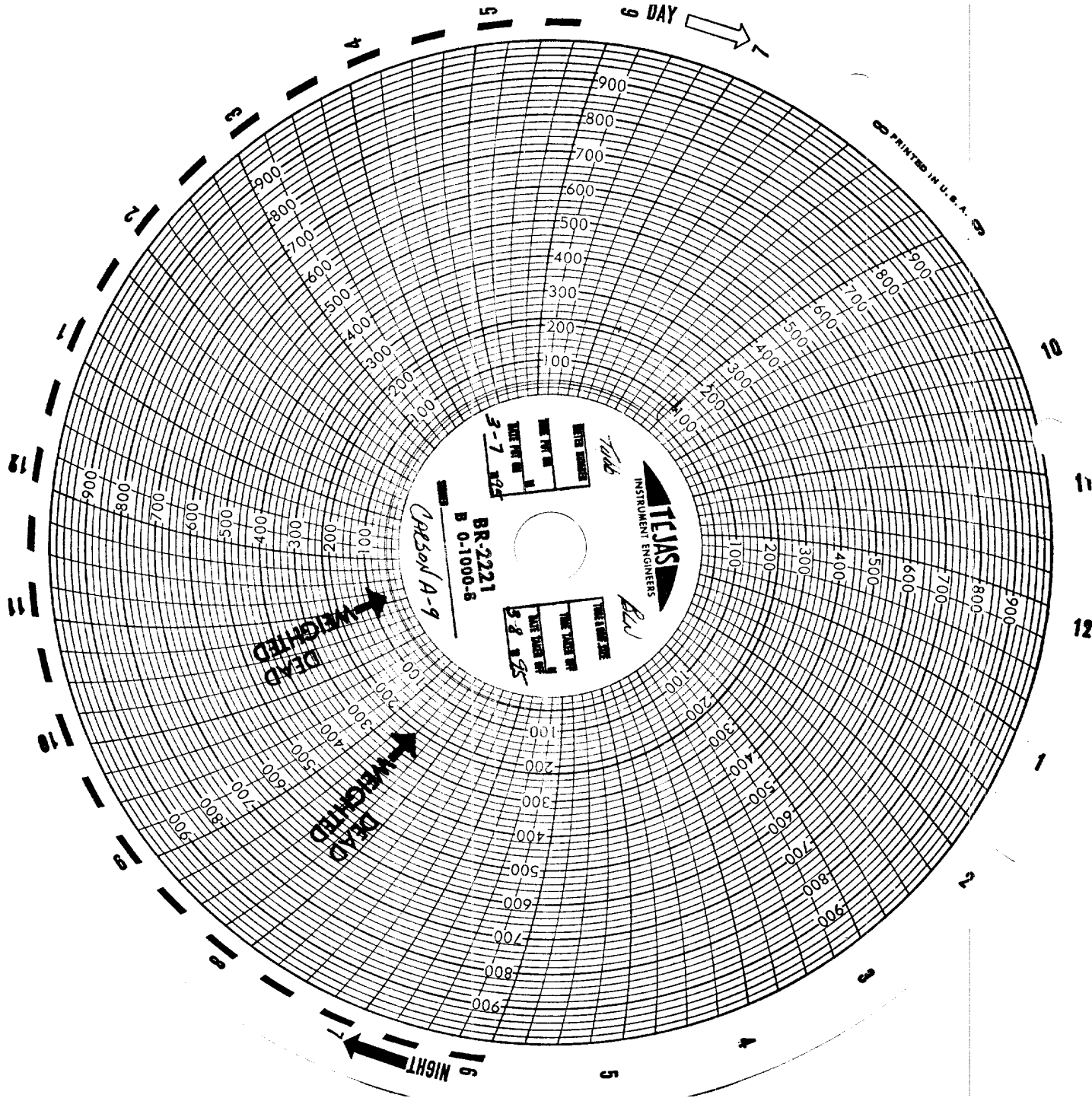
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TEXAS
INSTRUMENT ENGINEERS

BR-2221
B-0-1000-8

CP504 A-9

TIME 1 DAY 2	TIME 1 DAY 2
3-7	2-4

TIME 1 DAY 2	TIME 1 DAY 2
5-8	4-5

DEAD
WEIGHTED