

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</u>		Lease <u>Central DEKARD UNIT</u>		Well No. <u>159</u>	
Location of Well	Unit <u>D</u>	Sec. <u>29</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>PADDECK</u>	<u>OIL</u>	<u>AMP.</u>	<u>TBG</u>	<u>2"</u>
Lower Compl	<u>DEKARD</u>	<u>OIL</u>	<u>AMP.</u>	<u>TBG</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2-14-94 9:30 A.m.

Well opened at (hour, date): 2-15-94 9:30 A.m.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>80</u>	<u>80</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>80</u>	<u>220</u>
Minimum pressure during test.....	<u>10</u>	<u>220</u>
Pressure at conclusion of test.....	<u>10</u>	<u>220</u>
Pressure change during test (Maximum minus Minimum).....	<u>70</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>

Well closed at (hour, date): 1:30 AM 2-16-94

Oil Production _____ Gas Production _____ Total Time On Production _____

During Test: 6 bbls; Grav. 51 During Test: 10 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 2-18-94 8:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>100</u>	<u>220</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>110</u>	<u>220</u>
Minimum pressure during test.....	<u>100</u>	<u>220</u>
Pressure at conclusion of test.....	<u>100</u>	<u>220</u>
Pressure change during test (Maximum minus Minimum).....	<u>10</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>

Well closed at (hour, date): _____

Oil production _____ Gas Production _____ Total time on 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

CHEVRON USA

Operator

J. L. Alexander

Signature

AL. ALEXANDER

Printed Name

Title

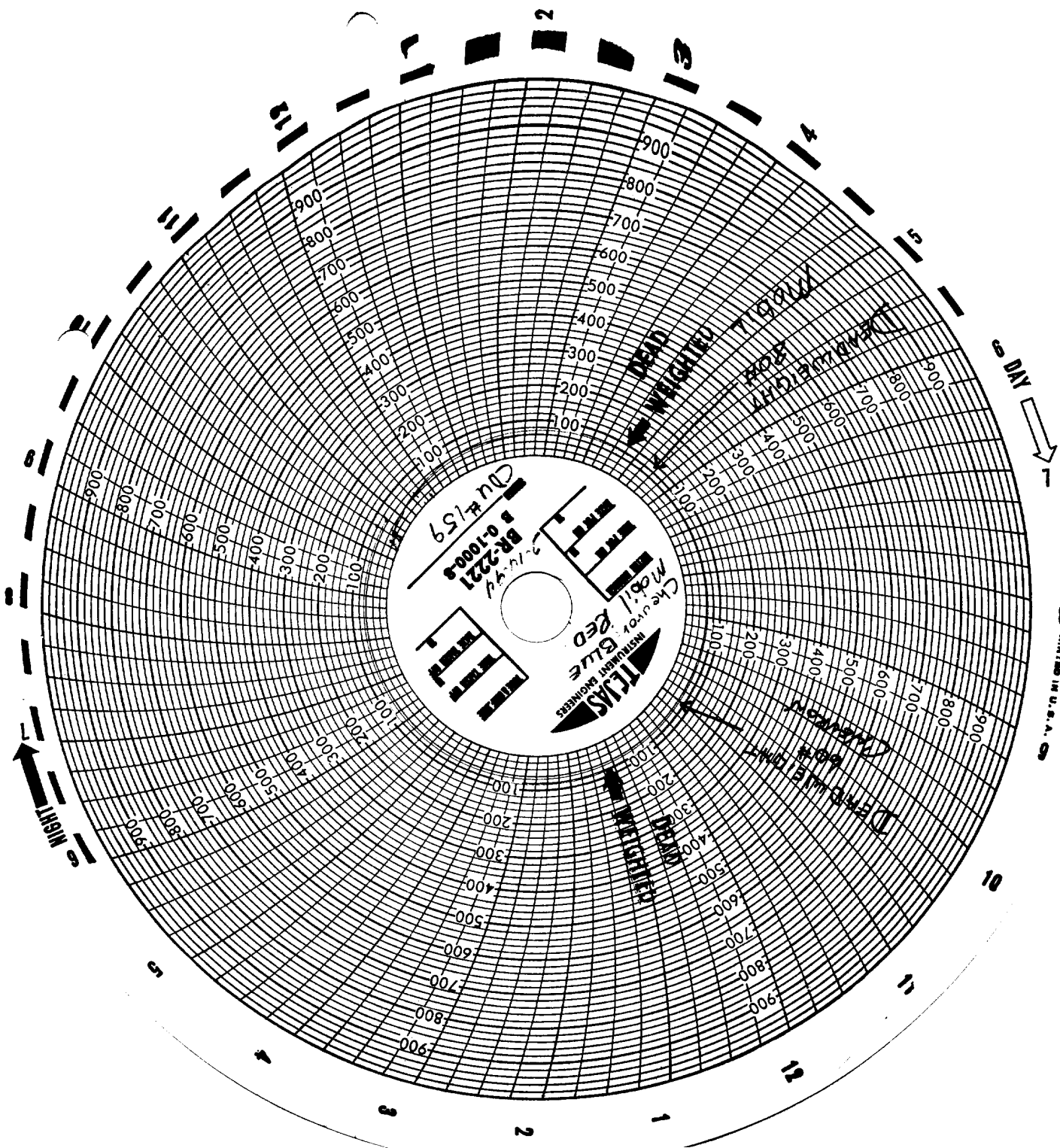
OIL CONSERVATION DIVISION

FEB 25 1994

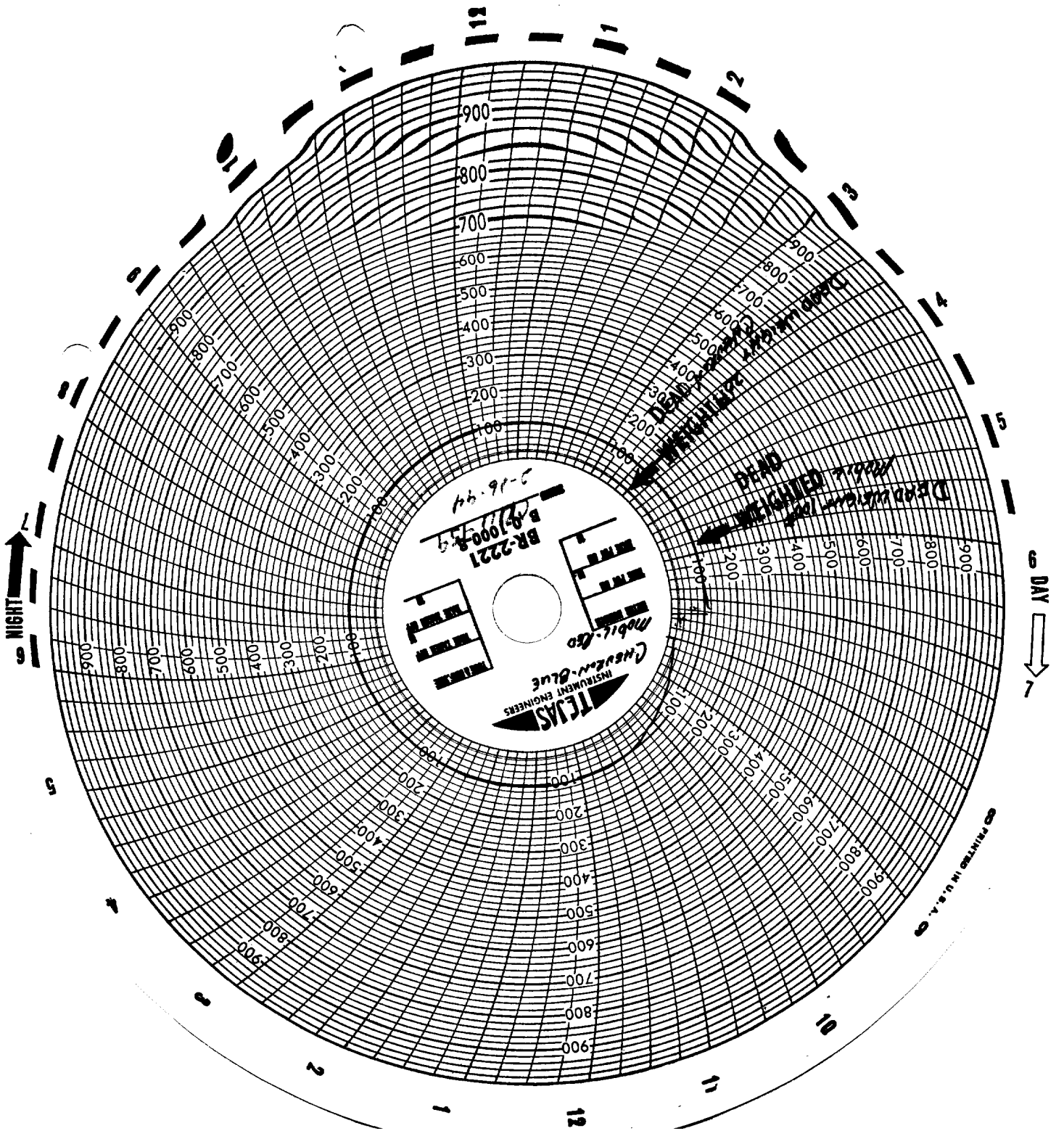
Date Approved _____

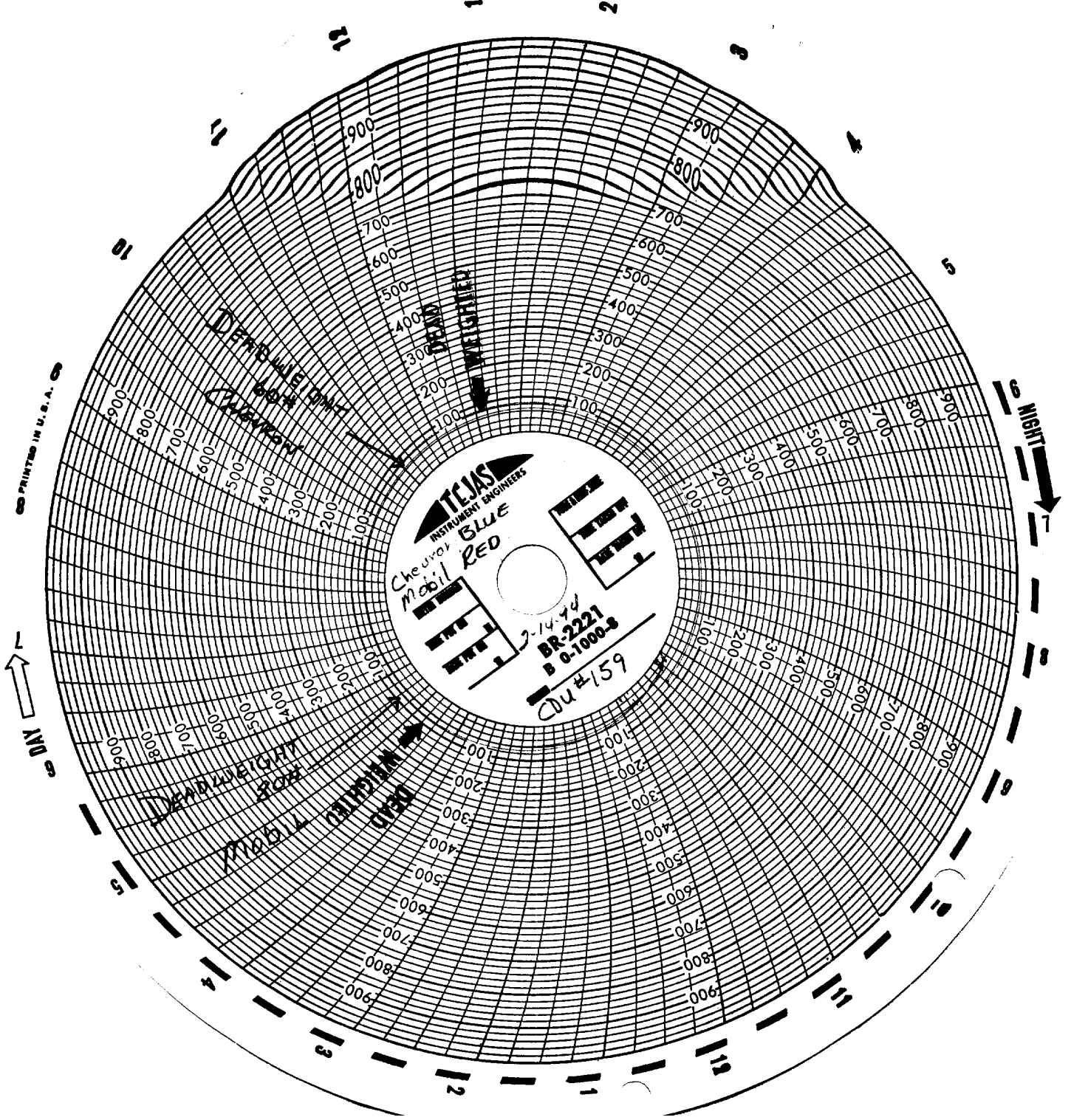
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____



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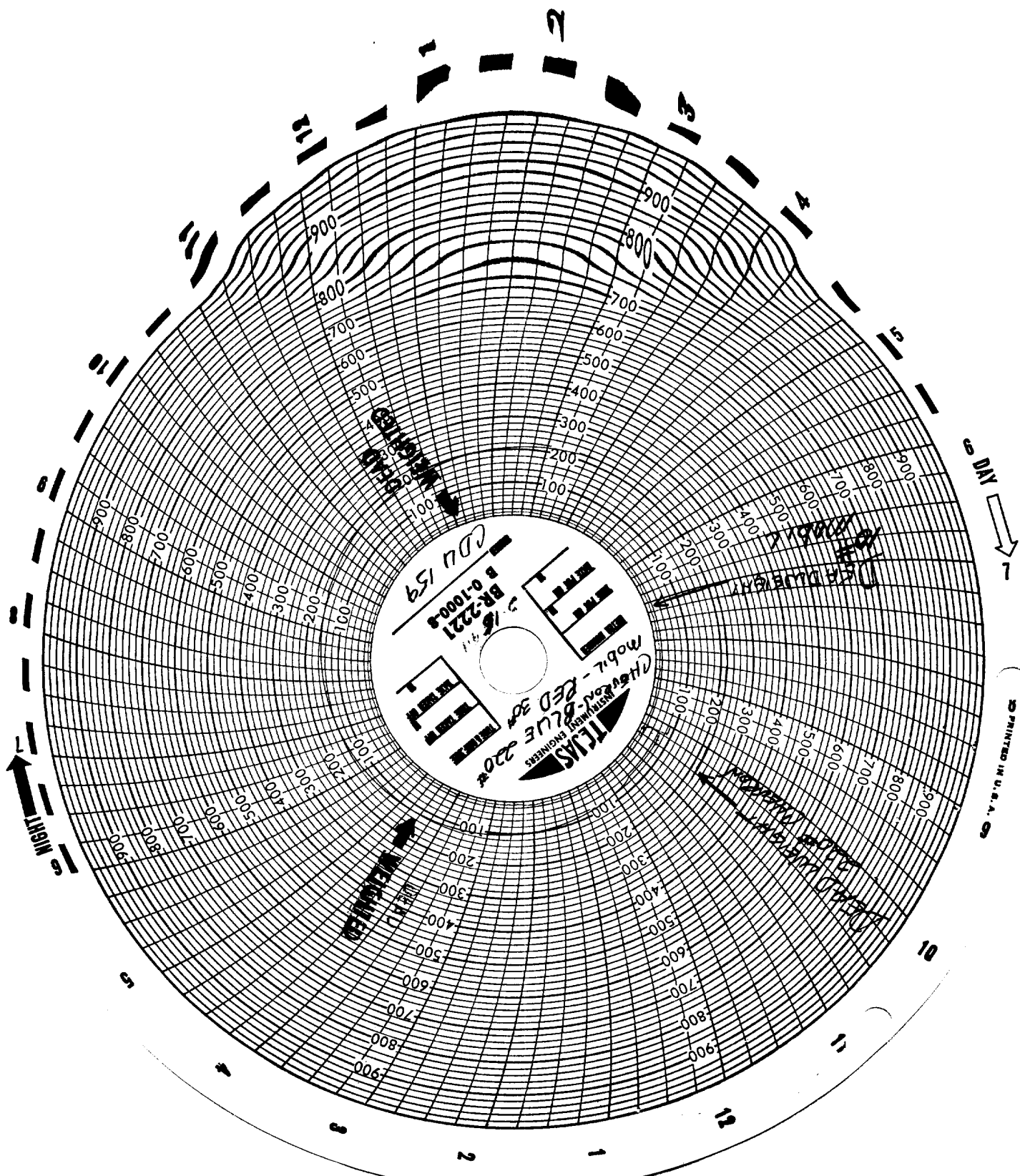




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DAY

NIGHT



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