Submit 3 Copies to Appropriate District Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease	Well No.
Chevron USA, INC.		ORYX - Linam Central Drinkard Unit	106

Location of Well	Unit	Sec.	Twp	Rge	County
	B	29	21	37	Lea

	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	Penrose - Skelly - Grayburg	Oil	Pump	Tbg	—
Lower Compl	Drinkard	Oil	Pump	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 Am 4/15/91

Well opened at (hour, date): 9:00 Am 4/16/91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	35	185
Stabilized? (Yes or No)	Yes	yes
Maximum pressure during test	35	185
Minimum pressure during test	35	185
Pressure at conclusion of test	35	185
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?	No change	No change

Well closed at (hour, date): 9:00 Am 4/17/91 Total Time On Production 24 hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 Am 4/18/91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	35	185
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	35	185
Minimum pressure during test	35	45
Pressure at conclusion of test	35	45
Pressure change during test (Maximum minus Minimum)	0	-140
Was pressure change an increase or a decrease?	No change	decrease

Well closed at (hour, date) 9:00 Am 4/19/91 Total time on Production 24 hrs

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. W. Harbin
Signature

J. W. Harbin Production Specialist
Printed Name Title

5/1/91 394-3123

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____