

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

SOUTHWEST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Chevron USA, Inc.</u>			Lease <u>H.T. Mattern (NCT-13)</u>			Well No. <u>5</u>		
Location of Well	Unit	Sec	Twp	Rge	County			
	<u>0</u>	<u>30</u>	<u>21</u>	<u>37</u>	<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>Eumont</u>			<u>Gas</u>	<u>Standing</u>	<u>Csg</u>		<u>-</u>	
Lower Compl <u>Peraose Skelly</u>			<u>Oil</u>	<u>Pump</u>	<u>Tbg</u>		<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 Am 8/22/88

Well opened at (hour, date): 9:00 Am 8/23/88

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>40</u>
Minimum pressure during test.....	<u>0</u>	<u>40</u>
Pressure at conclusion of test.....	<u>0</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....		<u>No change</u>
Well closed at (hour, date): <u>9:00 Am 8/24/88</u>	Total Time On Production <u>24 hours</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks <u>Upper zone is standing</u>		

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
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 <u>24 hrs</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
REMARKS: _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

AUG 31 '88

Approved: _____
Oil Conservation Division

By _____
ORIGINAL SIGNED BY JERRY SECTION
DISTRICT SUPERVISOR

Operator Chevron USA, Inc.

By J.W. Hankins

Title Production Specialist

Date 8/25/88

RECEIVED

AUG 30 1988

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HOBBS OFFICE