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

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator **Mobil Oil Corp.** **Gulf Oil Corporation**			Lease **E. O. Carson** **Central Drinkard Unit**			Well No. **13** **143**	
Location of Well	Unit **C**	Sec **33**	Twp **21S**	Rge **37E**	County **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	**Tubb**	**Gas**	**Flow**	**Tbg.**	—
Lower Compl	**Drinkard**	**Water Injection**		**Tbg.**	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): **9:15 a.m., 1-7-74**

Well opened at (hour, date): **9:15 a.m., 1-8-74**

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	**X**	
Pressure at beginning of test	**682**	**622**
Stabilized? (Yes or No)	**Yes**	**Yes**
Maximum pressure during test	**682**	**622**
Minimum pressure during test	**180**	**620**
Pressure at conclusion of test	**364**	**620**
Pressure change during test (Maximum minus Minimum)	**502**	**2**
Was pressure change an increase or a decrease?	**Decr.**	**Decr.**

Well closed at (hour, date): **9:15 a.m., 1-9-74**   Total Time On Production **24 hrs**

Oil Production During Test: **8** bbls; Grav. **61.5**; Gas Production During Test **289,0** MCF; GOR **36,125**

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		
Pressure at beginning of test	**785**	**620**
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 _____

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

Approved _____ 19_____

New Mexico Oil Conservation Commission

By _____

Title _____

Operator **Gulf Oil Corporation**

By _____ **Ray Iles**

Title **Well Tester**

Date **1-11-74**