

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 INC.</u>		Lease <u>MARK OWEN</u>		Well No. <u>3</u>	
Location of Well	Unit <u>I</u>	Sec. <u>34</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 (Lbg. or Csg)
Upper Compl	<u>BLUEBAY</u>		<u>GAS</u>		<u>Csg</u>
Lower Compl	<u>DRINKARD</u>		<u>GAS</u>	<u>Flow</u>	<u>TBG</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 03-06-95 9:AM

Well opened at (hour, date): 03-07-95 9:AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>10</u>	<u>120</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>10</u>	<u>120</u>
Minimum pressure during test.....	<u>10</u>	<u>65</u>
Pressure at conclusion of test.....	<u>10</u>	<u>65</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>55</u>
Was pressure change an increase or a decrease?.....	<u>SAME</u>	<u>DECREASE</u>
Well closed at (hour, date):	Total Time On Production <u>24 HRS</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production 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>10</u>	<u>120</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>10</u>	<u>120</u>
Minimum pressure during test.....	<u>5</u>	<u>120</u>
Pressure at conclusion of test.....	<u>5</u>	<u>120</u>
Pressure change during test (Maximum minus Minimum).....	<u>5</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>SAME</u>
Well closed at (hour, date):	Total time on Production <u>24 HRS</u>	
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

AL ALEXANDER

Signature

AL ALEXANDER

Printed Name

PRODUCTION

DATE FOR

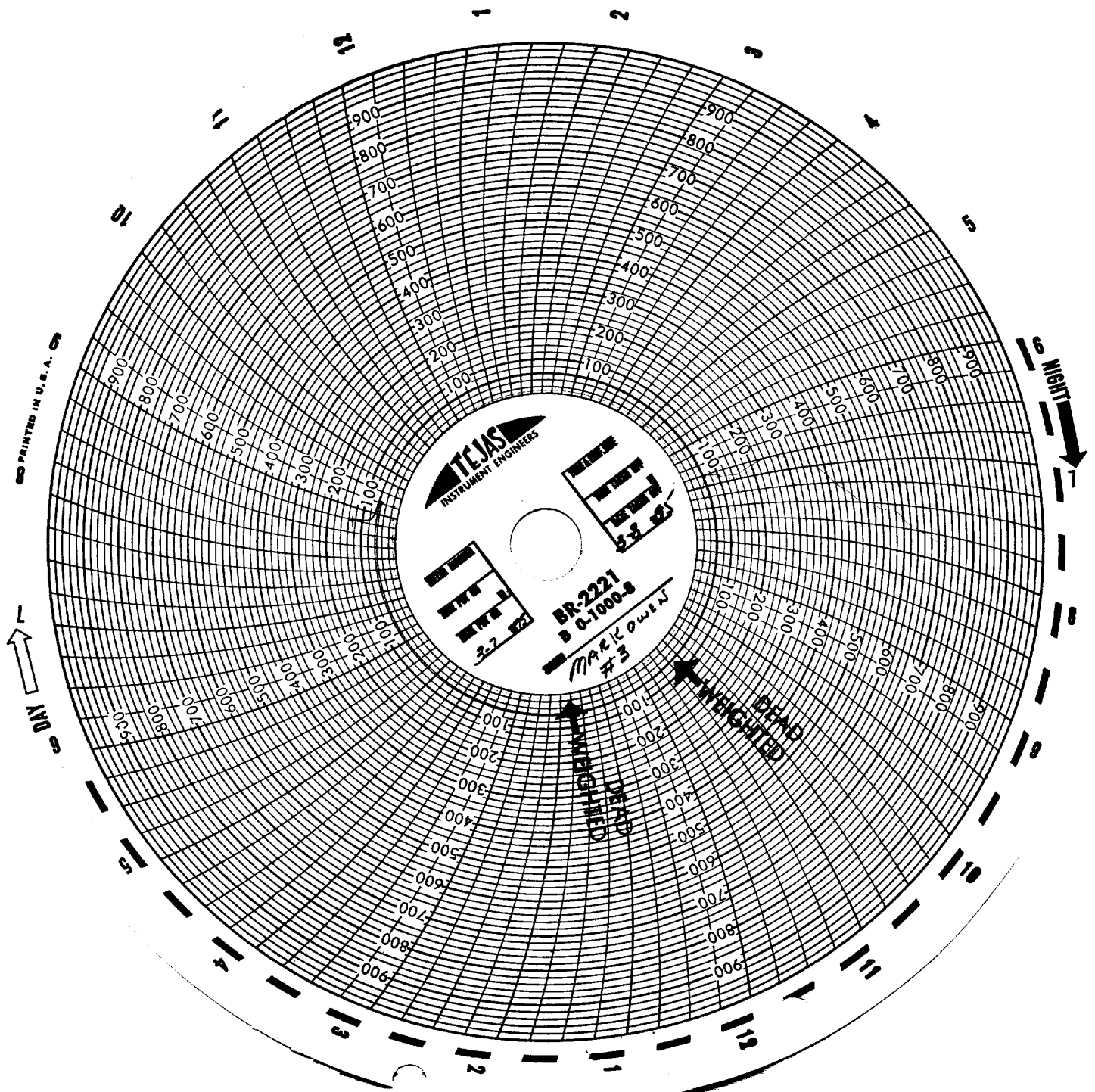
OIL CONSERVATION DIVISION

APR 06 1995

Date Approved _____

By GARY WINK
FIELD REP. II

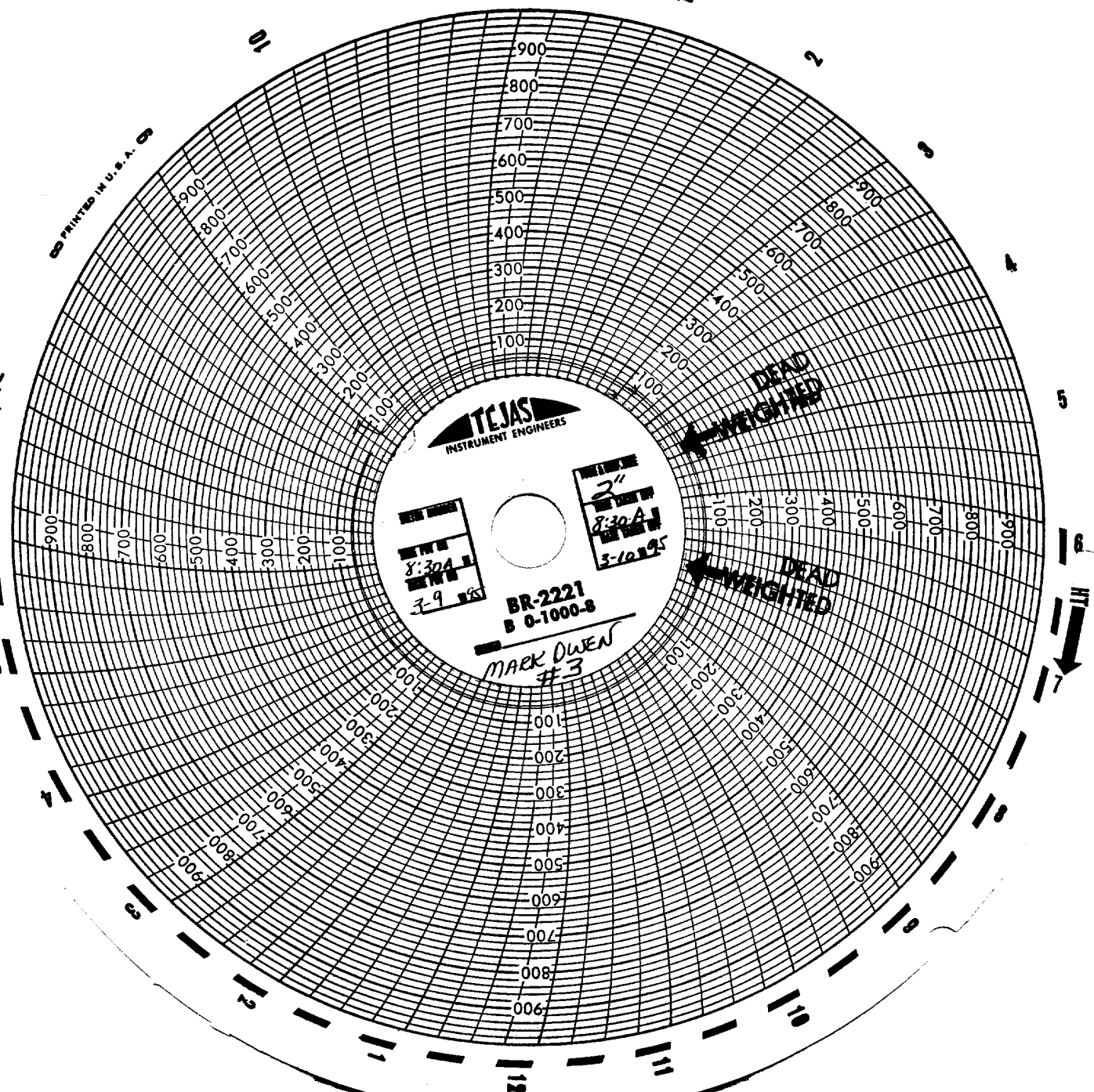
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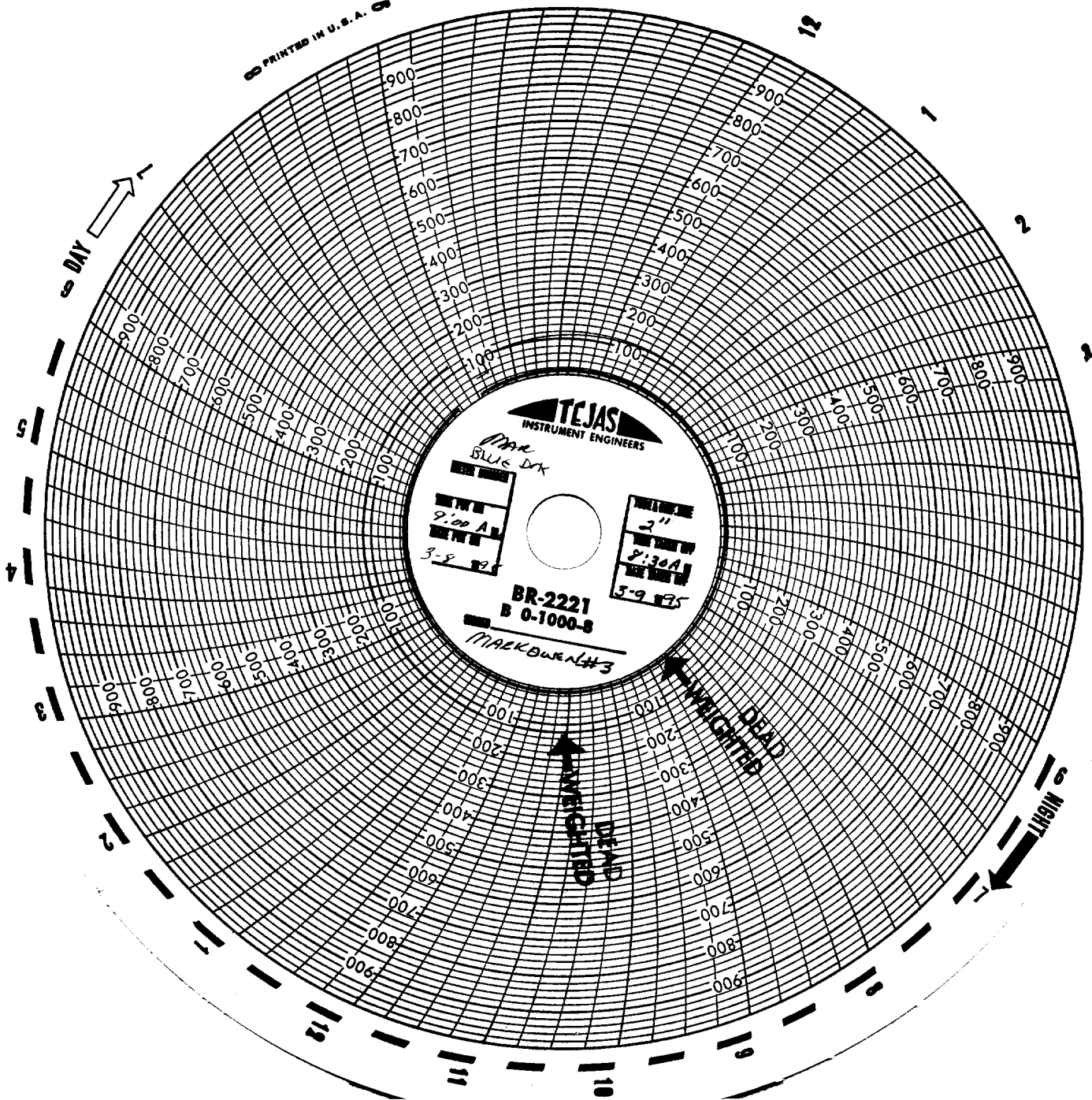
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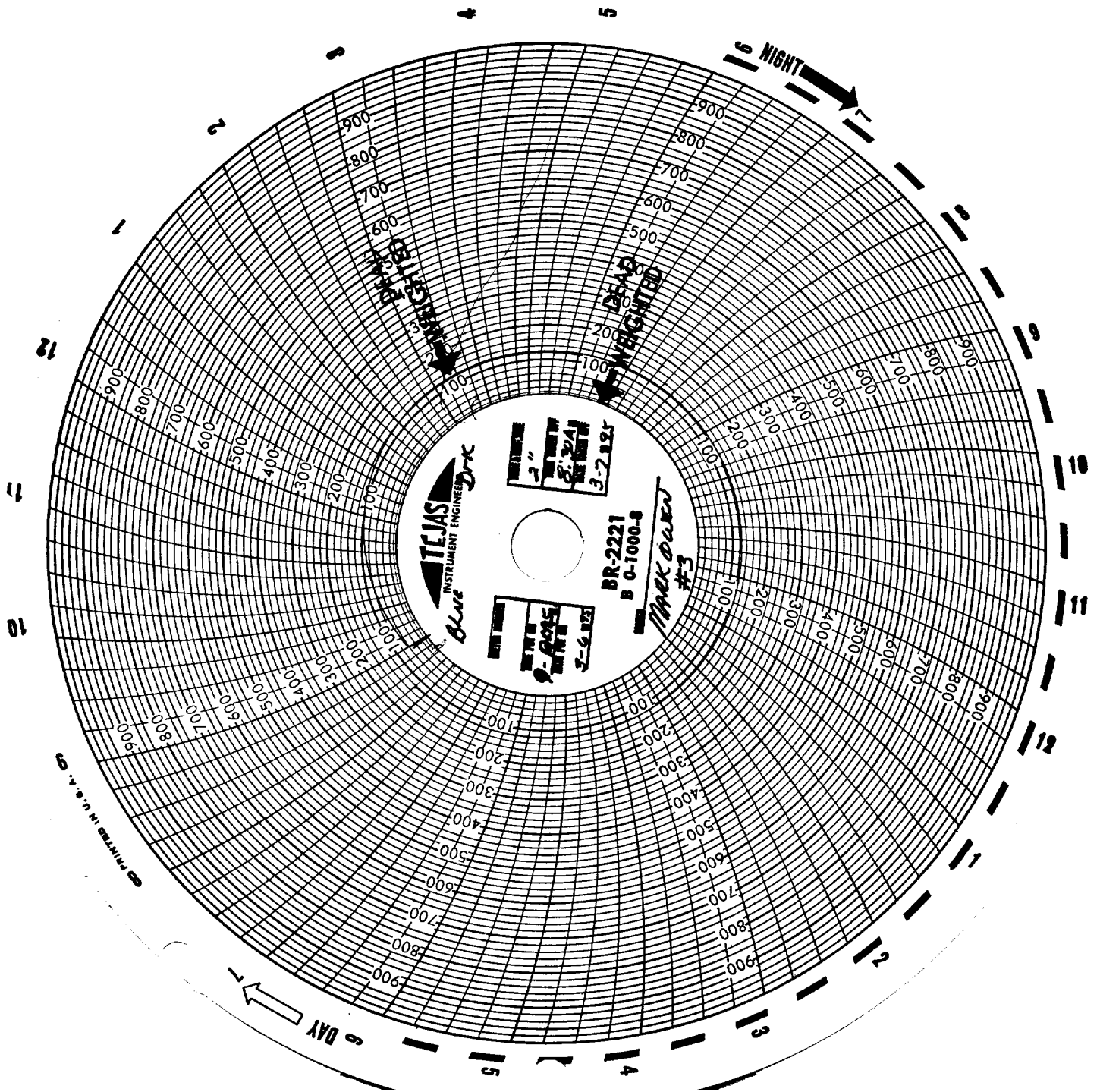
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