Submit 3 Copies to Appropriate Dist. 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			MARK OWEN			3
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	34	21S	37E	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	BLINEBRY	GAS	FLOW	CSG	—
Lower Compl	DRINKARD	GAS	FLOW	TBG	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-26-94

Well opened at (hour, date): 4-27-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	80	138
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	190	145
Minimum pressure during test	80	138
Pressure at conclusion of test	190	
Pressure change during test (Maximum minus Minimum)	110	
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-2

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	100
Stabilized? (Yes or No)	60	100
Maximum pressure during test	60	100
Minimum pressure during test	20	100
Pressure at conclusion of test	20	100
Pressure change during test (Maximum minus Minimum)	40	10
Was pressure change an increase or a decrease?	DECREASE	DECREASE

Well closed at (hour, date) _____ Total time on Production _____

Oil production During Test: 0 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

A.L. Alexander
Signature

A.L. ALEXANDER — PRODUCTION SPECIALIST
Printed Name — Title

OIL CONSERVATION DIVISION

Date Approved MAY 1 x 1994

By Orig. Signed by, Paul Kautz, Geologist

Title _____