Submit 3 Copies to Appropriate Dist. Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 8821

State of New Mexico
Energy, Minerals and Natural Resources Depa...ent

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.
Oxy U.S.A. Inc	16696		Owen	008632	2

Location of Well	Unit	Sec.	Twp	Rge	County
		35	21S	37 E	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	Blineberry	006660	Gas	Flow	CSG	Open
Lower Compl	Wantz Abo	062700	Oil	Flow	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3-19-97 3 p.m.

Well opened at (hour, date): 3:00 p.m. 3/20/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	105	235
Stabilized? (Yes or No)	No	No
Maximum pressure during test	105	240
Minimum pressure during test	10	235
Pressure at conclusion of test	10	240
Pressure change during test (Maximum minus Minimum)	95	5
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 3: p.m. 3/21/97 Total Time On Production 24 Hrs.

Oil Production During Test: 0 bbls; Grav. - Gas Production During Test 3 MCF; GOR 0

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 3:p.m. 3/22/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	120	240
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	180	240
Minimum pressure during test	120	20
Pressure at conclusion of test	180	20
Pressure change during test (Maximum minus Minimum)	60	220
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) Left on Prod. Total time on Production 19 Hrs.

Oil production During Test: 0 bbls; Grav. -; Gas Production During Test 2 MCF; GOR 0

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

OXY USA INC
Operator

D. G. Mulkey
Signature

D G MULKEY Sr. Eng. Tech
Printed Name Title

4-1-97 505 393 2174
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 04 1997

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title


APR 1997
Received
Hobbs
OCD