

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

|                                   |                                  |               |                            |                                  |                            |                   |  |
|-----------------------------------|----------------------------------|---------------|----------------------------|----------------------------------|----------------------------|-------------------|--|
| Operator <u>Chevron USA, Inc.</u> |                                  |               |                            | Lease <u>HARRY Leonard NCT-D</u> |                            | Well No. <u>3</u> |  |
| Location of Well                  | Unit <u>K</u>                    | Sec. <u>3</u> | Twp <u>22</u>              | Rge <u>36</u>                    | County <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>Talmat</u>                    |               | <u>GAS</u>                 | <u>Flow</u>                      | <u>Csg</u>                 | <u>—</u>          |  |
| Lower Compl                       | <u>Eunice 7 Rivers Queen So.</u> |               | <u>Oil</u>                 | <u>Standing</u>                  | <u>Tbg</u>                 | <u>—</u>          |  |

FLOW TEST NO. 1

|                                                             |                                        |                  |
|-------------------------------------------------------------|----------------------------------------|------------------|
| Both zones shut-in at (hour, date): <u>8:15 AM 10/12/92</u> | Upper Completion                       | Lower Completion |
| Well opened at (hour, date): <u>8:15 AM 10/13/92</u>        | <u>X</u>                               |                  |
| Indicate by ( X ) the zone producing.....                   | <u>98</u>                              | <u>0</u>         |
| Pressure at beginning of test.....                          | <u>yes</u>                             | <u>yes</u>       |
| Stabilized? (Yes or No).....                                | <u>98</u>                              | <u>0</u>         |
| Maximum pressure during test.....                           | <u>19</u>                              | <u>0</u>         |
| Minimum pressure during test.....                           | <u>19</u>                              | <u>0</u>         |
| Pressure at conclusion of test.....                         | <u>-79</u>                             | <u>0</u>         |
| Pressure change during test (Maximum minus Minimum).....    | <u>decrease</u>                        | <u>0</u>         |
| Was pressure change an increase or a decrease?.....         |                                        |                  |
| Well closed at (hour, date): <u>10/14/92 8:15 AM</u>        | Total Time On Production <u>24 hrs</u> |                  |
| Oil Production                                              | Gas Production                         |                  |
| During Test: _____ bbls; Grav. _____                        | During Test _____ MCF; GOR _____       |                  |

Remarks Lower Zone is standing

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 \_\_\_\_\_

OPERATOR CERTIFICATE OF COMPLIANCE

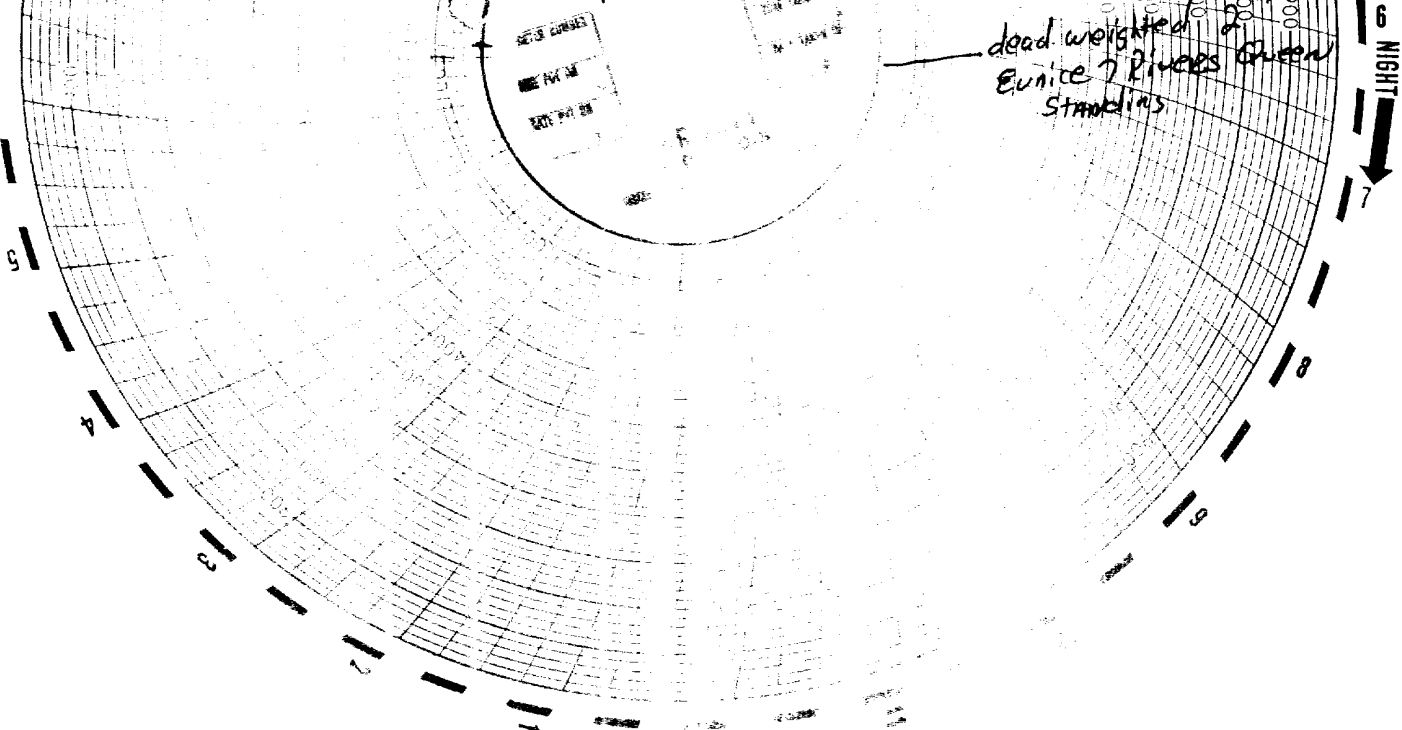
I hereby certify that the information contained herein is true  
and completed to the best of my knowledge

Chevron Usa, Inc.  
Operator  
D.R. Jennings  
Signature  
D.R. Jennings Production Specialist  
Printed Name Title

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Signed by Paul Kautz  
Geologist  
Title \_\_\_\_\_

DAY



NIGHT

DAY

NIGHT

Shot in  
Dead weighed 19#  
Stomach producing

Dead weighed  
D#  
Eunice 7 Rivers  
standing

TEJAS  
INSTRUMENTS  
10/13/92  
Happy Leonard D 3

|       |     |
|-------|-----|
| WATER | 100 |
| TIME  | 100 |
| DATE  | 100 |