

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

SOUTH. T NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gulf Oil Corporation</u>			Lease <u>J F Janda F</u> <u>North Seven Rivers Queen Unit</u>			Well <u>4</u> No. <u>4</u>	
Location of Well	Unit <u>G</u>	Sec <u>4</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 ompl <u>Talnat</u>			<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>2"wo</u>	
Lower ompl <u>Eunice 7 Rivers Queen South</u>			<u>Oil</u>	<u>Pump</u>	<u>Tbg</u>	<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	<u>10:00 Am</u>	<u>3/11/85</u>	Upper Completion	Lower Completion:
Well opened at (hour, date):	<u>10:00 Am</u>	<u>3/12/85</u>		
Indicate by (X) the zone producing.....				<u>X</u>
Pressure at beginning of test.....			<u>119</u>	<u>93</u>
Stabilized? (Yes or No).....			<u>yes</u>	<u>yes</u>
Maximum pressure during test.....			<u>126</u>	<u>93</u>
Minimum pressure during test.....			<u>119</u>	<u>18</u>
Pressure at conclusion of test.....			<u>126</u>	<u>18</u>
Pressure change during test (Maximum minus Minimum).....			<u>+ 7</u>	<u>- 75</u>
Was pressure change an increase or a decrease?.....			<u>increase</u>	<u>decrease</u>
Well closed at (hour, date):	<u>10:00 Am</u>	<u>3/18/85</u>	Total Time On Production	<u>24 hrs</u>
Oil Production	Gas Production			
During Test: _____ bbls; Grav. _____	During Test _____		MCF; GOR _____	
Remarks _____				

FLOW TEST NO. 2

Well opened at (hour, date):	<u>10:00 Am</u>	<u>3/19/85</u>	Upper Completion	Lower Completion:
Indicate by (X) the zone producing.....			<u>X</u>	
Pressure at beginning of test.....			<u>133</u>	<u>18</u>
Stabilized? (Yes or No).....			<u>yes</u>	<u>yes</u>
Maximum pressure during test.....			<u>133</u>	<u>18</u>
Minimum pressure during test.....			<u>40</u>	<u>18</u>
Pressure at conclusion of test.....			<u>40</u>	<u>18</u>
Pressure change during test (Maximum minus Minimum).....			<u>- 93</u>	<u>0</u>
Was pressure change an increase or a decrease?.....			<u>decrease</u>	<u>No change</u>
Well closed at (hour, date):	<u>10:00 Am</u>	<u>3/20/85</u>	Total time on Production	<u>24 hrs</u>
Oil Production	Gas Production			
During Test: _____ bbls; Grav. _____	During Test _____		MCF; GOR _____	
REMARKS: _____				

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

Approved: APR 15 1985 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

Operator Gulf Oil Corporation

By Jim Hansen

Title Well Tester

Date 3/29/85

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