

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 Hal J. Rasmussen Operating, Inc.				Lease State A A/C-2		Well No. 49	
Location of Well		Unit C	Sec. 8	Twp 22-S	Rge 36-E	County 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	7-River <del>Quaternary</del> <i>Galimat 7-y. sp</i>			Gas	Flow	Csg.	Open
Lower Compl	<i>Eocene S.R.U.N. South</i> <del>Galimat</del>			Oil	Flow	Tbg.	T.A.

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:45 A.M. - 2/5/90

Well opened at (hour, date): 8:45 A.M. - 2/6/90

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	162	-0-
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	162	-0-
Minimum pressure during test.....	36	-0-
Pressure at conclusion of test.....	36	-0-
Pressure change during test (Maximum minus Minimum).....	126	N.C.
Was pressure change an increase or a decrease?.....	Decrease	N.C.
Well closed at (hour, date): <u>8:45 A.M. - 2/7/90</u>	Total Time On Production <u>24 hours</u>	
Oil Production During Test: <u>-0-</u> bbls; Grav. <u>Dry Gas</u>	Gas Production During Test <u>18</u> MCF; GOR <u>----</u>	
Remarks <u>Annual Test</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		T.A.
Indicate by ( X ) the zone producing.....		
Pressure at beginning of test.....	36	
Stabilized? (Yes or No).....		
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	
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

Hal J. Rasmussen Operating, Inc.

Operator

Signature

Ralph E. Erwin

President

Printed Name

Title

2/20/90

393-3725

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 27 1990

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title \_\_\_\_\_

RECEIVED

FEB 28 1990

OCD  
HOBBS OFFICE