

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

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 Hal J. Rasmussen Operating, Inc.			Lease State A A/C-2			Well No. 14	
Location of Well	Unit E	Sec. 11	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	Eunice 7 Rivers Queen, South		Gas	Flow	Tbg.	Open	
Lower Compl	Jalmat		Gas	Flow	Tbg.	12/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M. - 2/5/90

Well opened at (hour, date): 9:00 A.M. - 2/6/90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	390	384
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	398	384
Minimum pressure during test.....	390	62
Pressure at conclusion of test.....	398	62
Pressure change during test (Maximum minus Minimum).....	8	322
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE
Well closed at (hour, date): 9:00 A.M. - 2/7/90	Total Time On Production 24 hours	
Oil Production	Gas Production	
During Test: Dry Gas bbls; Grav. ----	During Test 16	MCF; GOR ----

Remarks Annual Test

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 A.M. - 2/8/90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	398	385
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	398	385
Minimum pressure during test.....	19	385
Pressure at conclusion of test.....	19	385
Pressure change during test (Maximum minus Minimum).....	379	N.C.
Was pressure change an increase or a decrease?.....	Decrease	N.C.
Well closed at (hour, date) 9:00 A.M. - 2/9/90	Total time on Production 24 hours	
Oil production	Gas Production	
During Test: -0- bbls; Grav. ----	During Test -0-	MCF; GOR ----

Remarks The upper gas zone too weak to flow during test.
Annual Test

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

MAR 21 1990

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title