

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Acoma Oil Corporation				Lease S.J. Sarkeys A			Well No. 1	
Location of Well		Unit A	Sec 26	Twp 21s	Rge 37e	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	Blinebry			Oil	Flow	TBG	20/64"	
Lower Compl	Wantz Abo-Drinkard			Oil	Flow	TBG	32/64"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM (5/22/78)

Well opened at (hour, date): 10:30 AM (5/23/78)

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	20	540
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	20	540
Minimum pressure during test.....	20	60
Pressure at conclusion of test.....	20	60
Pressure change during test (Maximum minus Minimum).....	0	480
Was pressure change an increase or a decrease?.....	-	Increase Decrease
Well closed at (hour, date): 9:30 AM (5/24/78)	Total Time On Production 23.0 Hours	
Oil Production	Gas Production	
During Test: 5.50 bbls; Grav. 38; During Test 205.4 MCF; GOR 37345		

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM (5/25/78)

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	120	530
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	630	530
Minimum pressure during test.....	15	530
Pressure at conclusion of test.....	15	530
Pressure change during test (Maximum minus Minimum).....	615	0
Was pressure change an increase or a decrease?.....	Increase Decrease	-
Well closed at (hour, date): 10:00 AM (5/26/78)	Total time on Production 24.0 Hours	
Oil Production	Gas Production	
During Test: 1.38 bbls; Grav. 39; During Test 190.4 MCF; GOR 137971		

Remarks

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

Approved _____ 19 _____
New Mexico Oil Conservation Commission

Operator _____ Acoma Oil Corporation

By _____ JARREL SERVICES, INC.

Title _____ Agent

Date _____ June 5, 1978

By _____
Title _____

Orig. Signed by _____
Dist 1, Supv.