

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Coraco Inc.</u>			Lease <u>Ward Unit</u>			Well No. <u>33</u>		
Location of Well	Unit <u>F</u>	Sec <u>27</u>	Twp <u>30S</u>	Rge <u>38E</u>	County <u>Lee</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>Chimney</u>	<u>O</u>	<u>Art</u>	<u>Tbg</u>	<u>Open</u>			
Lower Compl	<u>Tubb</u>	<u>O</u>	<u>Art</u>	<u>Tbg</u>	<u>Open</u>			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7-9-84 12:00

Well opened at (hour, date): 7-10-84 12:00

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>50</u>	<u>60</u>
Stabilized? (Yes or No).....	<u>640</u>	<u>320</u>
Maximum pressure during test.....	<u>640</u>	<u>320</u>
Minimum pressure during test.....	<u>90</u>	<u>80</u>
Pressure at conclusion of test.....	<u>90</u>	<u>320</u>
Pressure change during test (Maximum minus Minimum).....	<u>550</u>	<u>240</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Increase</u>
Well closed at (hour, date): <u>7-11-84 12:00</u>	Total Time On Production <u>24 hrs.</u>	
Oil Production	Gas Production	
During Test: <u>30</u> bbls; Grav. <u>1</u>	During Test <u>320</u>	MCF; GOR <u>10666</u>
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>7-12-84 12:00</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>50</u>	<u>60</u>
Stabilized? (Yes or No).....	<u>640</u>	<u>320</u>
Maximum pressure during test.....	<u>640</u>	<u>320</u>
Minimum pressure during test.....	<u>90</u>	<u>80</u>
Pressure at conclusion of test.....	<u>90</u>	<u>320</u>
Pressure change during test (Maximum minus Minimum).....	<u>550</u>	<u>240</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Increase</u>
Well closed at (hour, date): <u>7-13-84 12:00</u>	Total time on Production <u>24 hrs.</u>	
Oil Production	Gas Production	
During Test: <u>11</u> bbls; Grav. <u>1</u>	During Test <u>7</u>	MCF; GOR <u>636</u>
REMARKS: _____		

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

Approved: JUL 31 1984 19
Oil Conservation Division

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Operator Coraco Inc.

By Mark Fulsom

Title Prod. Tech.

Date 7-12-84

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JUL 17 1984

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