

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 <u>Oxy USA Inc.</u>		16696		Lease <u>Owen</u>		0008632		Well No. <u>8</u>	
Location of Well	Unit <u>I</u>	Sec. <u>35</u>	Twp <u>215</u>	Rge <u>37E</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 Compl	<u>Red Tubb</u>		<u>060240</u>	<u>Oil</u>		<u>Flow</u>		<u>csg</u>	
Lower Compl	<u>Blue Wantz Abo</u>		<u>062700</u>	<u>Oil</u>		<u>Flow</u>		<u>tbg</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3-19-97 2:30 p.m.

Well opened at (hour, date): 2:30 p.m. 3/20/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>280</u>	<u>360</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>NO</u>
Maximum pressure during test.....	<u>435</u>	<u>360</u>
Minimum pressure during test.....	<u>280</u>	<u>20</u>
Pressure at conclusion of test.....	<u>435</u>	<u>180</u>
Pressure change during test (Maximum minus Minimum).....	<u>155</u>	<u>340</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Decrease</u>
Well closed at (hour, date): <u>3:00 p.m. 3/21/97</u>	Total Time On Production <u>24 Hrs. 30 min</u>	
Oil Production During Test: <u>2 1/2</u> bbls; Grav. <u>-</u>	Gas Production During Test <u>4</u> MCF; GOR <u>1600</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 3:p.m. 3/22/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>435</u>	<u>400</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>NO</u>
Maximum pressure during test.....	<u>435</u>	<u>555</u>
Minimum pressure during test.....	<u>30</u>	<u>400</u>
Pressure at conclusion of test.....	<u>30</u>	<u>555</u>
Pressure change during test (Maximum minus Minimum).....	<u>405</u>	<u>155</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Increase</u>
Well closed at (hour, date) _____	Total time on Production <u>24 Hrs.</u>	
Oil production During Test: <u>3</u> bbls; Grav. _____	Gas Production During Test <u>6</u> MCF; GOR <u>2000</u>	
Remarks _____		

OPERATOR CERTIFICATE OF COMPLIANCE

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

OXY USA INC

Operator

Signature

D.G. MULKEY

Printed Name

3-25-97
Date

SR. Eng. Tech.
Title

505-393-2174
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 28 1997

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title _____

