This form is not to be used for reporting packer leakage tests

Dist L Supv.

Title

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST Well Operator Lease 00000 101 No. County Location KEA 20 of Well Type of Prod Choke Size Method of Prod Prod. Medium Flow, Art Lift (Tbg or Csg) (Oil or Gas) Name of Reservoir or Pool Upper Pomp OIL NC 16ry Comp] errein Lower Compl FLOW TEST NO. 1 90 30 Both zones shut-in at (hour, date): 19-3-79 Lower Upper Am Completion Completion Well opened at (hour, date):____ SI Indicate by (X) the zone producing..... 150 Pressure at beginning of test..... Yes Stabilized? (Yes or No)..... 130 Maximum pressure during test..... 150 Minimum pressure during test..... Pressure at conclusion of test..... 150 NC Pressure change during test (Maximum minus Minimum)..... NC Was pressure change an increase or a decrease?..... Total Time On 24 his Well closed at (hour, date): 19-5-79 Production Gas Production Oil Production _bbls; Grav. 31 MCF; GOR /1,277 _; During Test_ During Test:_ STATUS FLOW TEST NO. 2 Upper Lower Completion Completion Well opened at (hour, date):____ Indicate by (X) the zone producing..... Pressure at beginning of test..... 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?..... Total time on Well closed at (hour, date)___ Production_ Gas Production Oil Production _bbls; Grav.__ ___;During Test_ MCF; GOR_ During Test:_ Remarks I hereby certify that the information herein contained is true and complete to the best of my knowledge. Operator 2 1980 JAN 19 Approved New Mexico Oil Conservation Commission Orig. Signed by Jerry Sexton By_ Title

Date