

SOUTHEAST NEW MEXICO PACER LEAKAGE TEST

Operator				Lease		Well No.	
Location	Unit	Sec	Twp	Rge	County		
Well							
	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							
Lower							

FLOW TEST NO. 1

Both zones shut-in at (hour, date):

Well opened at (hour, date):

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	40	30
Stabilized? (Yes or No).....	110	50
Maximum pressure during test.....	110	40
Minimum pressure during test.....	50	30
Pressure at conclusion of test.....	110	30
Pressure change during test (Maximum minus Minimum).....	60	10
Is pressure change an increase or a decrease?.....	Increase	Increase
Well closed at (hour, date):	Total Time On Production	
Oil Production	Gas Production	
During Test: 15 bbls; Grav. 1	During Test 4.2	MCF; GOR 2200

Remarks

FLOW TEST NO. 2

Well opened at (hour, date):	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	40	30
Stabilized? (Yes or No).....	110	30
Maximum pressure during test.....	110	40
Minimum pressure during test.....	50	30
Pressure at conclusion of test.....	110	30
Pressure change during test (Maximum minus Minimum).....	60	10
Is pressure change an increase or a decrease?.....	Increase	Increase
Well closed at (hour, date):	Total time on Production	
Oil Production	Gas Production	
During Test: 5 bbls; Grav. 1	During Test 2.6	MCF; GOR 1000

REMARKS:

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

Approved: JUL 31 1984	Operator
Conservation Division	By
ORIGINAL SIGNED BY JERRY SEATON	Title
DISTRICT 1 SUPERVISOR	Date

RECEIVED

JUL 3 - 1984

C. C. D.
HOBBS OFFICE