

Submit 3 Copies to
Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator James L. Evans		P.O. Box 1029 Eunice, NM 88231		Lease Superior State		Well No. 1	
Location of Well	Unit K	Sec. 12	Twp 21S	Rge 35E	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	Eumont Yates		Gas	Flow	Csg.	1"	
Lower Compl	Eumont Queen		Oil	Flow	Tbg.	1/2"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 4/10/94

Well opened at (hour, date): 10:00 AM 4/11/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	80	240
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	84	240
Minimum pressure during test.....	80	30
Pressure at conclusion of test.....	84	30
Pressure change during test (Maximum minus Minimum).....	4	210
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE
Well closed at (hour, date): 10:00 AM 4/12/94	Total Time On Production 24 HRS.	
Oil Production During Test: 2 bbls; Grav. 35	Gas Production During Test 2 MCF; GOR 1000/1	

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM 4/13/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	84	225
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	84	280
Minimum pressure during test.....	42	225
Pressure at conclusion of test.....	42	280
Pressure change during test (Maximum minus Minimum).....	42	55
Was pressure change an increase or a decrease?.....	DECREASE	INCREASE
Well closed at (hour, date): 10:00 AM 4/14/94	Total time on Production 24 HRS.	
Oil production During Test: _____ bbls; Grav. _____	Gas Production During Test 48 MCF; GOR _____	

Remarks Graph on reverse.

OPERATOR CERTIFICATE OF COMPLIANCE

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

James L. Evans

Operator

Signature

James L. Evans

Operator

Printed Name

Title

4/14/94

(505)394-3748

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 19 1994

By _____ Orig. Signed by _____

Paul Kantz

Title _____ Geologist

