

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Getty Oil Company			Lease State "A"			Well No. 4	
Location of Well	Unit A	Sec 8	Twp 21-S	Rge 36-E	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		Gas	Flow	Csg.	-	
Lower Compl	Eunice		Oil	Flow	Tbg.	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M., 5-21-68

Well opened at (hour, date): 9:00 A.M., 5-22-68

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	675	0
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	675	0
Minimum pressure during test.....	420	0
Pressure at conclusion of test.....	495	0
Pressure change during test (Maximum minus Minimum).....	255	0
Was pressure change an increase or a decrease?.....	Decrease	No Change
Well closed at (hour, date): <u>9:00 A.M., 5-23-68</u>	Total Time On Production 24 Hrs.	
Oil Production During Test: <u>0</u> bbls; Grav. <u>-</u>	Gas Production During Test 681 MCF; GOR <u>-</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 A.M., 5-24-68

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	680	0
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	680	0
Minimum pressure during test.....	680	0
Pressure at conclusion of test.....	680	0
Pressure change during test (Maximum minus Minimum).....	0	0
Was pressure change an increase or a decrease?.....	No Change	No Change
Well closed at (hour, date): <u>9:00 A.M., 5-25-68</u>	Total time on Production 24 Hrs.	
Oil Production During Test: <u>0</u> bbls; Grav. <u>-</u>	Gas Production During Test <u>0</u> MCF; GOR <u>-</u>	
Remarks _____		

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

Approved AUG 2 19 1968
New Mexico Oil Conservation Commission

Operator Getty Oil Company
By Original Signed By
G. E. WADE

By John W. Runyan
Title _____

Title Area Supt.
Date _____

1. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

2. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

3. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

4. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

5. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

6. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

7. The test shall be conducted in accordance with the following procedure:

a. The test shall be conducted in accordance with the following procedure:

b. The test shall be conducted in accordance with the following procedure:

Aug 15 3 40 PM '66