

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	Bumont		Gas	Flow	Csg.	-	
Lower Compl	Bunice		Oil	Dead	Tbg.	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 A.M., 1-20-68

Well opened at (hour, date): <u>8:00 A.M., 1-21-68</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	740	0
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	740	0
Minimum pressure during test.....	720	0
Pressure at conclusion of test.....	720	0
Pressure change during test (Maximum minus Minimum).....	20	0
Was pressure change an increase or a decrease?.....	Decrease	No Change

Well closed at (hour, date): 8:00 A.M., 1-22-68 Total Time On Production 24 Hours

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. -; During Test 0 MCF; GOR -

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): <u>8:00 A.M., 1-23-68</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	720	0
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	720	0
Minimum pressure during test.....	430	0
Pressure at conclusion of test.....	465	0
Pressure change during test (Maximum minus Minimum).....	290	0
Was pressure change an increase or a decrease?.....	Decrease	No Change

Well closed at (hour, date): 8:00 A.M., 1-24-68 Total time on Production 24 Hours

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. -; During Test 1070 MCF; GOR -

Remarks _____

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

Approved _____ 19 _____ New Mexico Oil Conservation Commission	Operator <u>Getty Oil Company</u>
By _____	By <u>Original Signed By</u> <u>O. L. WADE</u>
Title _____	Title <u>Area Supt.</u>
	Date _____

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