

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Tidewater Oil Company			Lease State "A"			Well No. 4	
Location of Well	Unit A	Sec 8	Twp 21	Rge 36	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., 6-21-66

Well opened at (hour, date): <u>8:00 A.M., 6-22-66</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	820	0
Stabilized? (Yes or No).....	No	Yes
Maximum pressure during test.....	820	0
Minimum pressure during test.....	360	0
Pressure at conclusion of test.....	380	0
Pressure change during test (Maximum minus Minimum).....	460	0
Was pressure change an increase or a decrease?.....	Decrease	Dead
Well closed at (hour, date): <u>8:00 A.M., 6-23-66</u>	Total Time On Production 24 Hrs.	
Oil Production During Test: <u>0</u> bbls; Grav. <u>-</u> ;	Gas Production During Test <u>436</u> MCF; GOR <u>-</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): <u>8:00 A.M., 6-24-66</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	810	0
Stabilized? (Yes or No).....	No	Yes
Maximum pressure during test.....	845	0
Minimum pressure during test.....	810	0
Pressure at conclusion of test.....	845	0
Pressure change during test (Maximum minus Minimum).....	35	0
Was pressure change an increase or a decrease?.....	Increase	Dead
Well closed at (hour, date): <u>8:00 A.M., 6-25-66</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 _____ 19_____
New Mexico Oil Conservation Commission

Operator Tidewater Oil Company
Original Signed By: B. M. BREINING
By _____
Title Area Engr.
Date August 2, 1966

By _____
Title _____

Following the completion of Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

- 3 The results of the above described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Commission or District New Mexico Sealer Leakage Test Form Revised 11-1-58 together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the original charts, the operator may deposit a pressure versus time curve for each well in each test indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted the original chart must be concurrently filed in the operator's office. Form 1118 shall also accompany the Sealer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

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