

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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 <u>Chevron USA Inc.</u>			Lease <u>Naomi Keenum</u>		Well No. <u>2</u>	
Location of Well	Unit <u>Q</u>	Sec. <u>14</u>	Twp <u>21</u>	Rge <u>37</u>	County	
	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	<u>Blinberry</u>		<u>Oil</u>	<u>Standing</u>	<u>Csg</u>	<u>-</u>
Lower Compl	<u>Tubb</u>		<u>Gas</u>	<u>Flow</u>	<u>4bg</u>	<u>-</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:10AM 11-30-93

Well opened at (hour, date): 8:10AM 12-1-93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>Standing</u>	<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>340</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>340</u>
Minimum pressure during test.....	<u>0</u>	<u>28</u>
Pressure at conclusion of test.....	<u>0</u>	<u>28</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>312</u>
Was pressure change an increase or a decrease?.....	<u>Same</u>	<u>Decrease</u>

Well closed at (hour, date): 12-2-93 8:10AM Total Time On Production 24 hrs

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ During Test _____ MCF; GOR _____

Remarks Blinberry - Standing

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....	<u>Standing</u>	
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		

Well closed at (hour, date): _____ Total time on Production _____

Oil production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Chevron USA
Operator
John D. Abbott
Signature
John D. Abbott Prod Spec.
Printed Name Title
12-2-93 397-8770 ext. 229

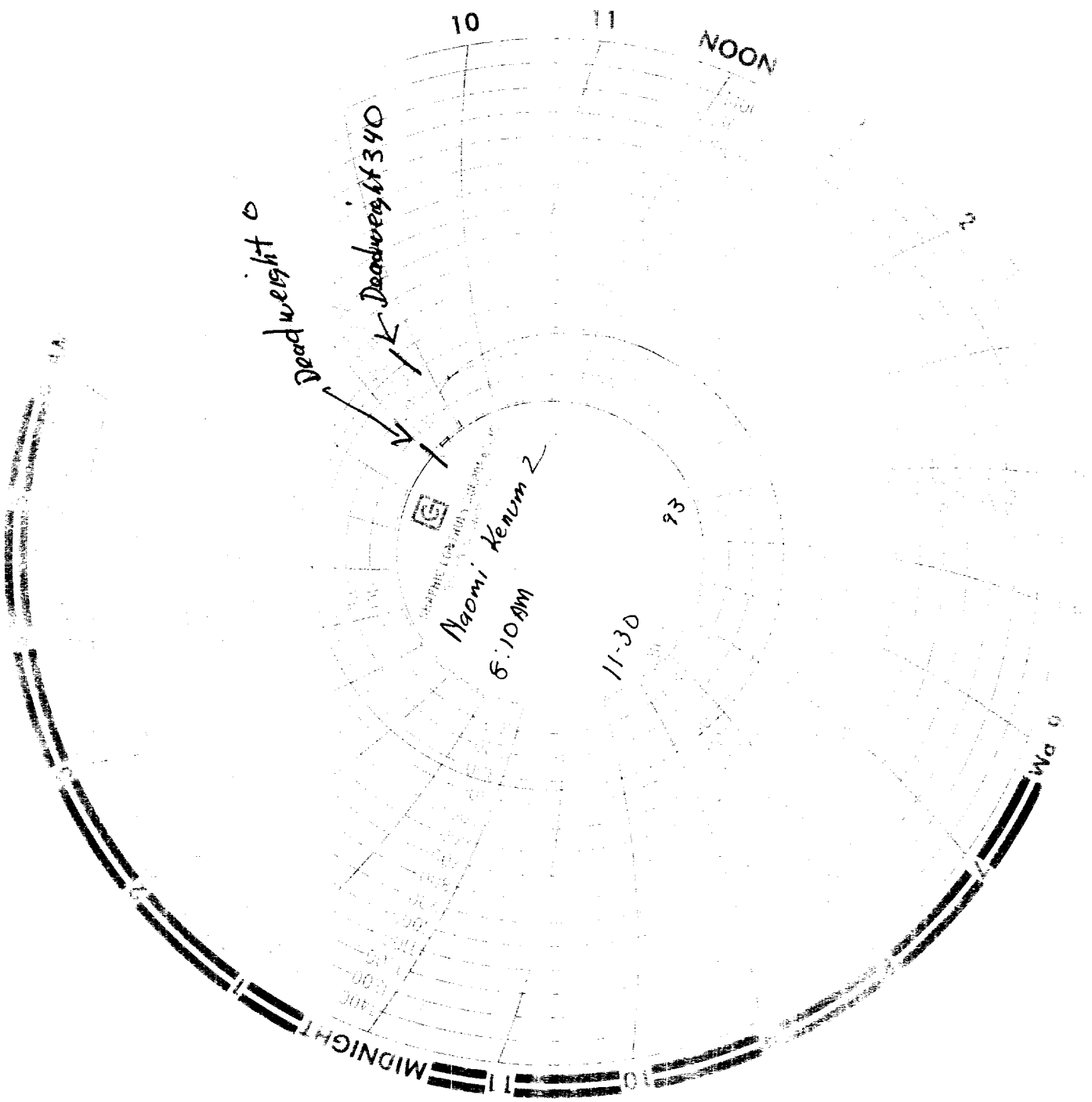
OIL CONSERVATION DIVISION

Date Approved DEC 09 1993

By _____ Orig. Signed by

Geologist

Title _____



NOON

1400

1300

1200

1100

1000

900

800

700

600

500

400

300

200

100

0

8:10

93

Naomi 2
Kenan

12-1

Deadweight 1561

Deadweight 138

0 PM

8

6

4

2

MIDNIGHT

2