

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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>0</u>	Sec. <u>14</u>	Twp <u>21</u>	Rge <u>37</u>	County <u>Lea</u>		
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>BLINEBRY</u>		<u>OIL</u>	<u>STANDING</u>	<u>Csg</u>	<u>—</u>	
Lower Compl	<u>TUBB</u>		<u>GAS</u>	<u>FLOW</u>	<u>Tbg</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 8/3/92

Well opened at (hour, date): 9:00 AM 8/4/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>400</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>0</u>	<u>400</u>
Minimum pressure during test.....	<u>0</u>	<u>35</u>
Pressure at conclusion of test.....	<u>0</u>	<u>35</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>365</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>

Well closed at (hour, date): 9:00 AM 8/5/92 Total Time On Production 24 HRS

Oil Production _____ Gas Production _____

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
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, inc.

Operator

Signature G. N. Garcia

Printed Name G. N. GARCIA

Title Production Specialist

8/12/92

394-3133

OIL CONSERVATION DIVISION

AUG 26 '92

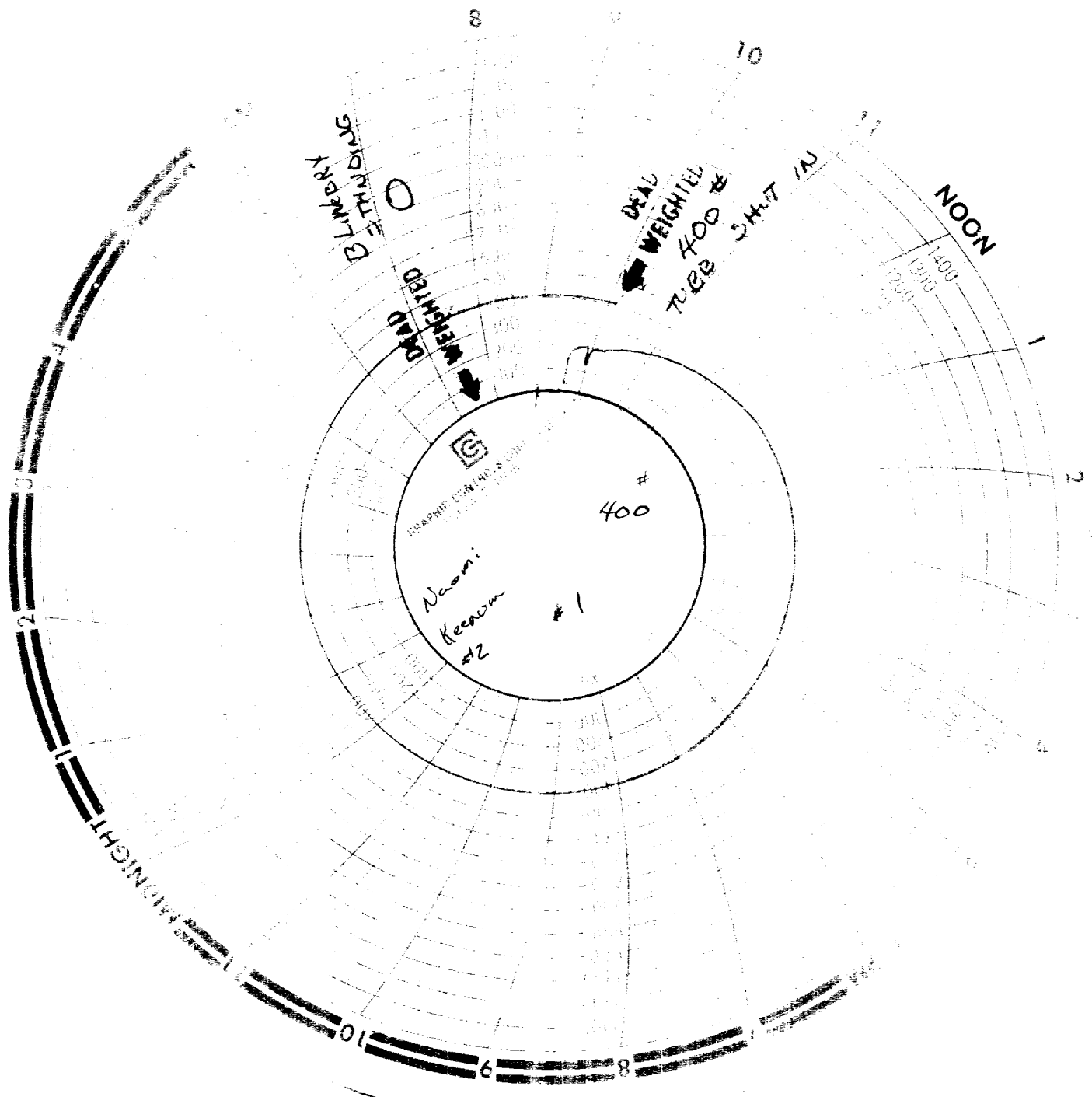
Date Approved

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

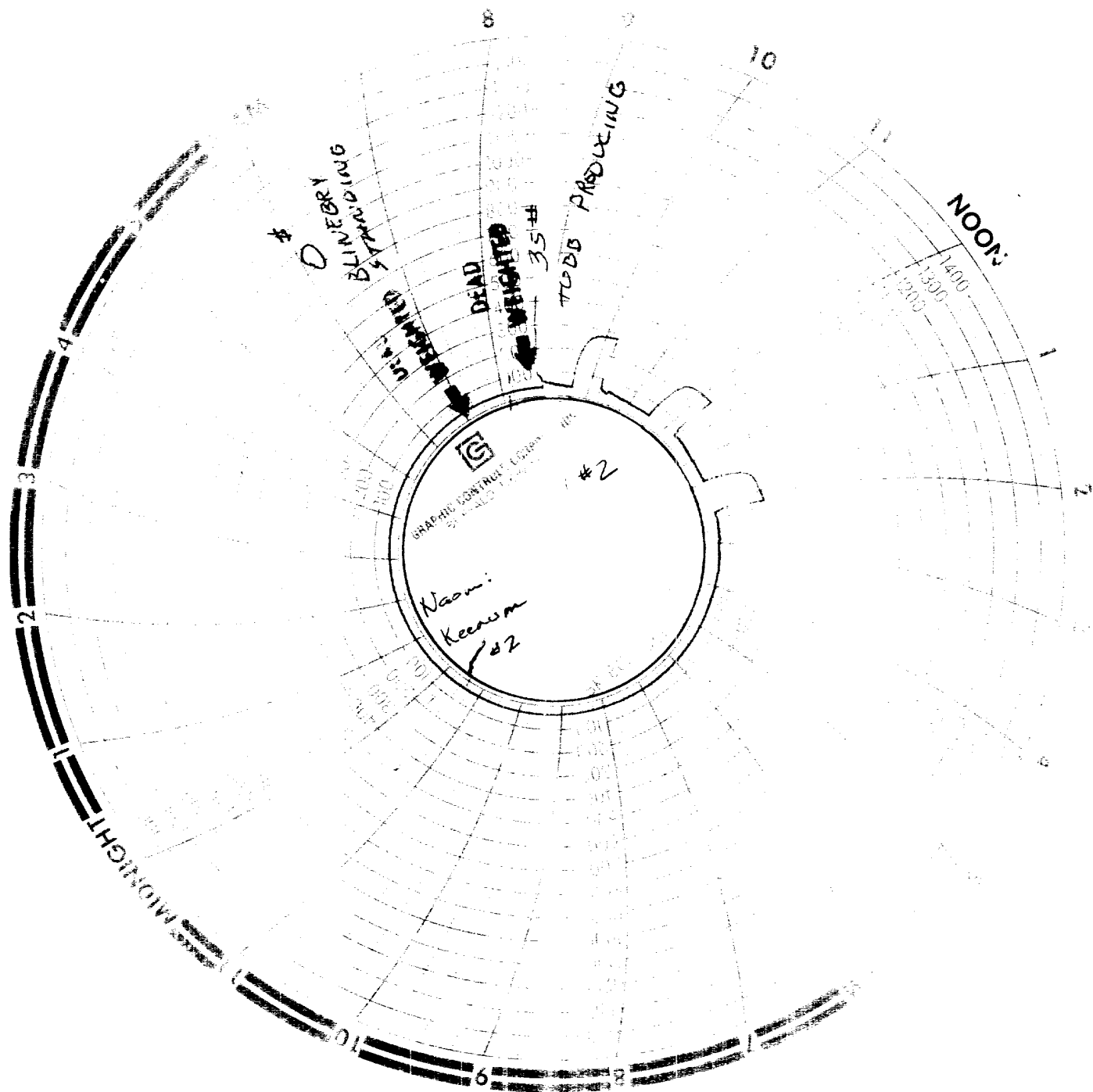
Title

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