

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator AMERADA HESS CORPORATION			Lease STATE <u>DA</u>			Well No. <u>2</u>	
Location of Well	Unit <u>K</u>	Sec. <u>16</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	BLINEBRY		TA'D				
Lower Compl	DRINKARD		OIL	FLOW	TBG	3/4"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 PM 04-06-95

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>1:00 PM 04-07-95</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>17</u>	<u>365</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>NO</u>
Maximum pressure during test.....	<u>17</u>	<u>400</u>
Minimum pressure during test.....	<u>17</u>	<u>40</u>
Pressure at conclusion of test.....	<u>17</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>360</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>
Well closed at (hour, date): <u>1:00 PM 04-08-95</u>	Total Time On Production <u>24 HRS.</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>-</u>	Gas Production During Test <u>1.5</u> MCF; GOR <u>-</u>	

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
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 During Test: _____ bbls; Grav. _____	Gas Production During Test _____ MCF; GOR _____	

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the information contained herein is true and completed to the best of my knowledge		Date Approved <u>APR 21 1995</u>	
<u>AMERADA HESS CORPORATION</u>		By <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
Operator <u>Bill Petree</u>		DISTRICT I SUPERVISOR	
Signature		Title _____	
<u>BILL PETREE</u>	<u>OPERATIONS TECHNICIAN</u>		
Printed Name	Title		
<u>04-19-95</u>	<u>(505) 393-2144</u>		
Date	Telephone No.		

