Submit 3 Copies to Appropriate Dist. Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Departm

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

Revised 1-1-89

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			Lease		Well No.
CHEVRON USA INC			HARRY LEONARD E		1
Location of Well	Unit	Sec.	Twp	Rge	County
	G	16	21	37	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	BLINEBRY	OIL	PMP	Tbg	—
Lower Compl	DRINKARD	GAS	FLOW	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-26-94

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	10	50
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	20	100
Minimum pressure during test	10	50
Pressure at conclusion of test	20	100
Pressure change during test (Maximum minus Minimum)	20	100
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 _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	140
Stabilized? (Yes or No)	20	140
Maximum pressure during test	20	225
Minimum pressure during test	20	20
Pressure at conclusion of test	20	120
Pressure change during test (Maximum minus Minimum)	NONE	105
Was pressure change an increase or a decrease?	SAME	Decrease

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

Oil production During Test: 0 bbls; Grav. _____; Gas Production 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

A L Alexander
Signature

A L ALEXANDER — PRODUCTION SPECIALIST
Printed Name — Title

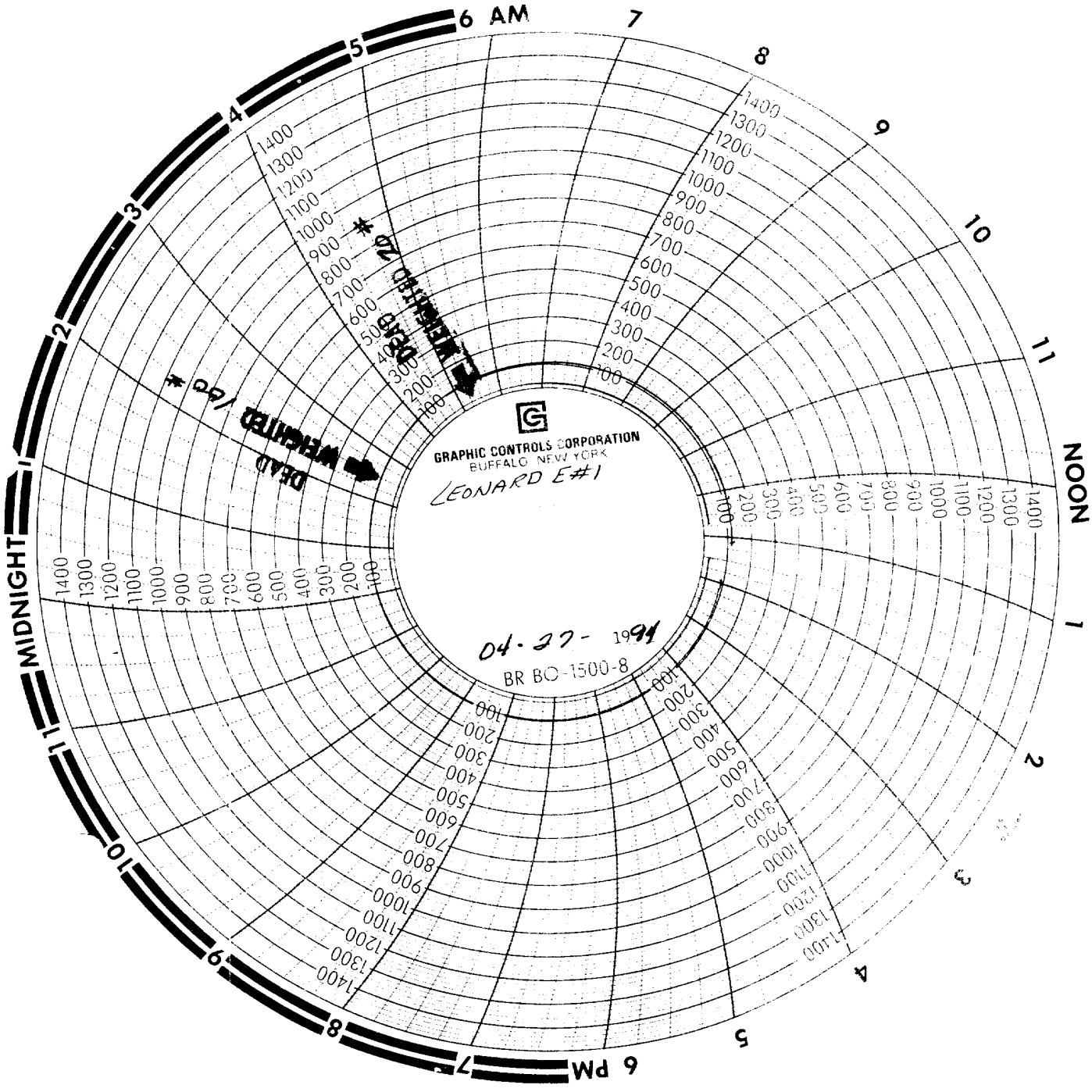
5-2-94
Date

OIL CONSERVATION DIVISION

Date Approved MAY 06 1994

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____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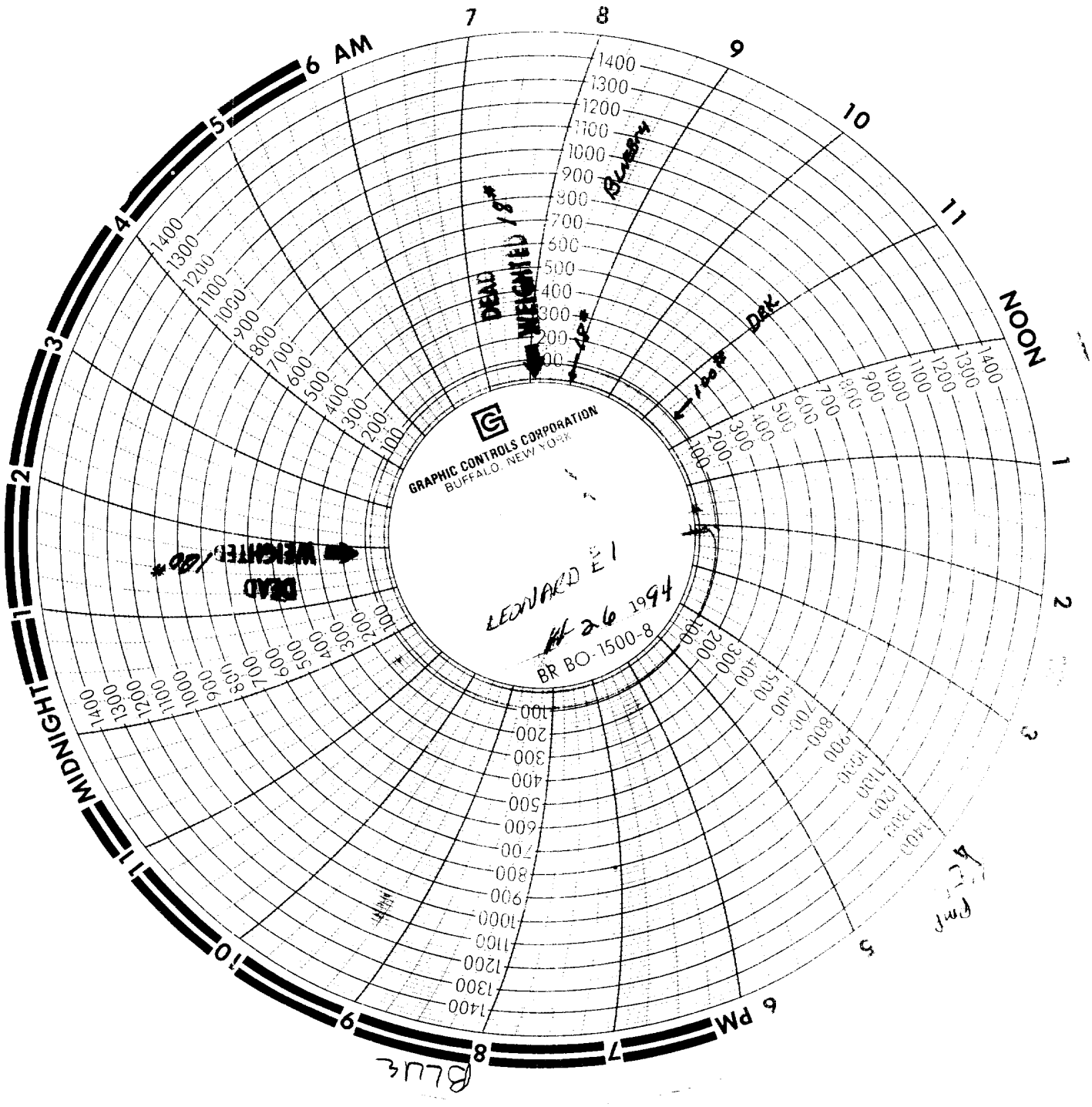
NOON
MIDNIGHT
6 PM
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LEONARD E#1
04-27-1991
BR BC-1500-8
DEAD WEIGHT 20 *
DEAD WEIGHT 150 *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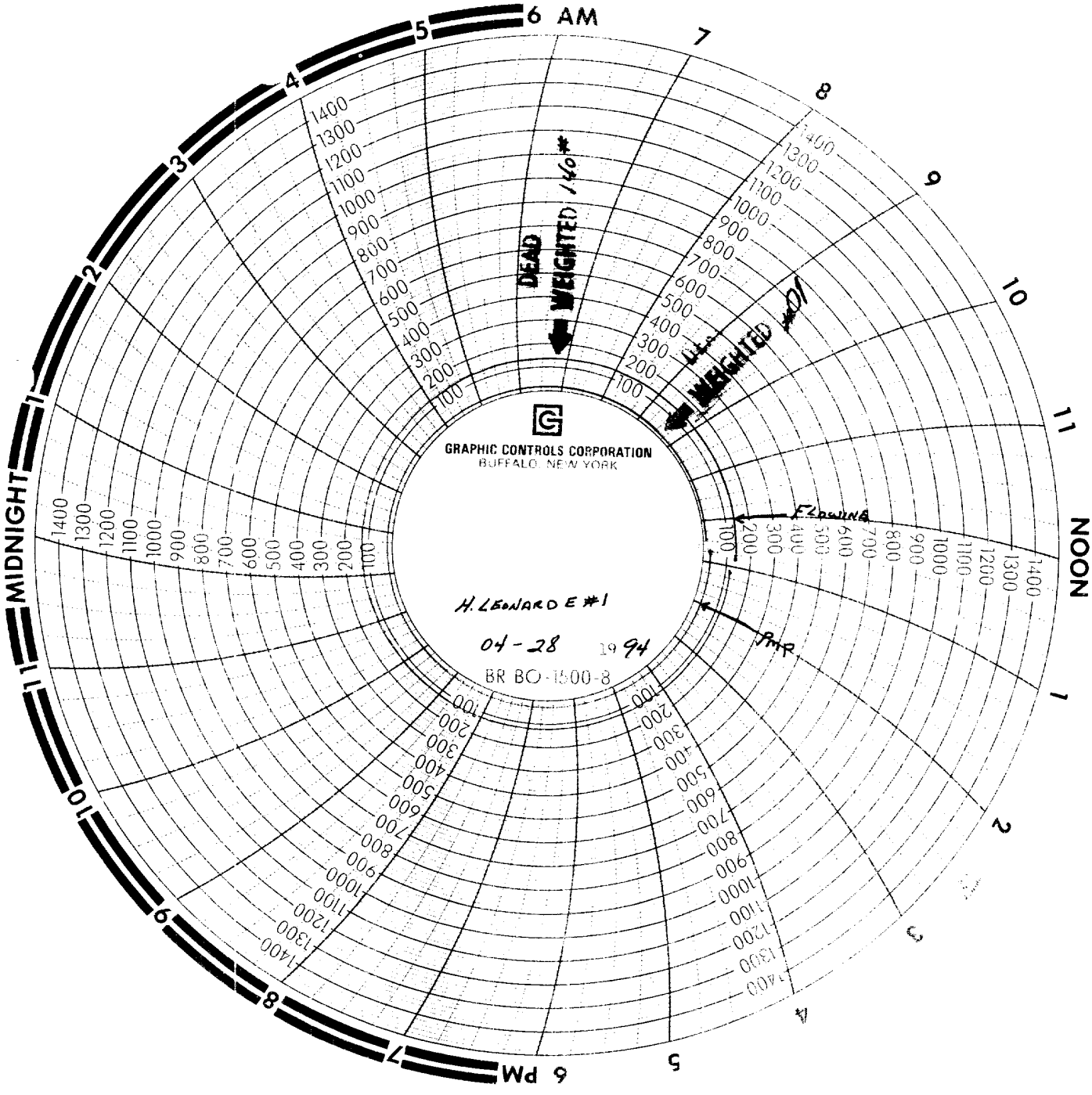
Dark
DEAD WEIGHTED 18#
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LEONARD E1
26 1994
BR BO-1500-8
BLUE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NOON
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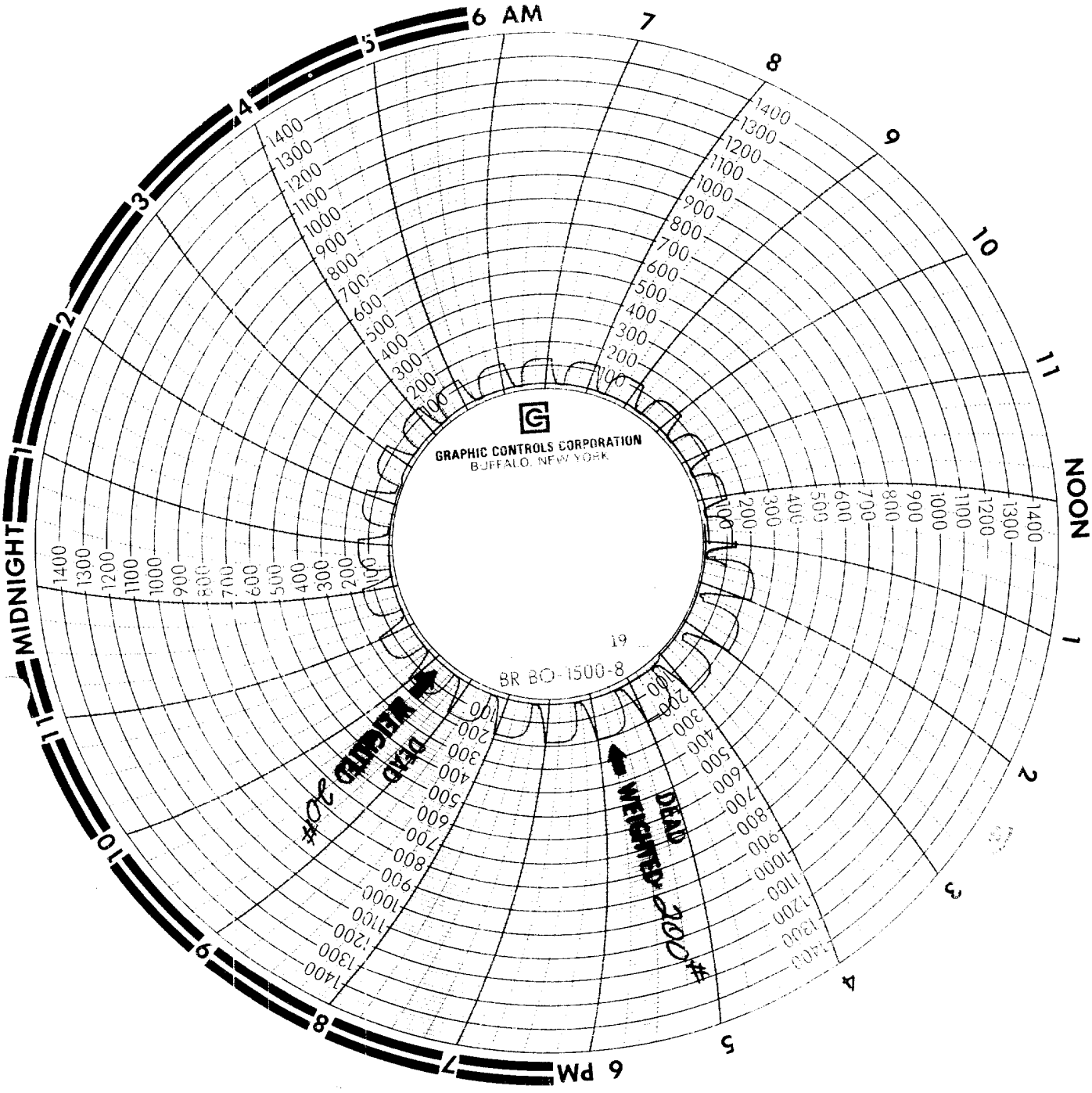
6 PM
DEAD WEIGHTED 140#
UP WEIGHTED 101
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
H. LEONARD E #1
04-28 1994
BR BO-1500-8
FLOWING
SHUT IN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MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
19
BR BO-1500-8
DEAD WEIGHTED 20#
DEAD WEIGHTED 20#