

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 CAMPBELL & HEDRICK			Lease HARDY			Well No. 5
Location of Well	Unit O	Sec. 19	Twp 21S	Rge 37E	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	PADDOCK		OIL	PUMP	TBG.	3/4
Lower Compl	BLINEBRY		OIL	FLOW	TBG.	3/4

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:45 PM OCT. 2, 1999

Well opened at (hour, date): 5:00 PM OCT. 3, 1999

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	45	281
Stabilized? (Yes or No).....	NO	NO
Maximum pressure during test.....	45	320
Minimum pressure during test.....	41	281
Pressure at conclusion of test.....	41	320
Pressure change during test (Maximum minus Minimum).....	4	39
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 3:00 PM Oct. 4, 1999	Total Time On Production 22 hrs. 0 min.	
Oil Production During Test: 9 bbls; Grav. 35.0	Gas Production During Test 8.04 MCF; GOR 893	

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 3:00 P.M. Oct. 5, 1999

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	46	319
Stabilized? (Yes or No).....	NO	NO
Maximum pressure during test.....	56	319
Minimum pressure during test.....	46	22
Pressure at conclusion of test.....	56	22
Pressure change during test (Maximum minus Minimum).....	10	297
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date)	Total time on Production	
Oil production During Test: 0.91 bbls; Grav. 35.0	Gas Production During Test 19.68 MCF; GOR 21,626	

Remarks BLINEBRY DIED DURING FLOW TEST. TEST INDICATED NO LEAKAGE

OPERATOR CERTIFICATE OF COMPLIANCE

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

CAMPBELL & HEDRICK

Operator

Signature

O. F. HEDRICK

OPERATOR

Printed Name

Title

10/8/99

915-684-4393

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title



