Submit 3 Copies to Appropriate Dist. Office

DISTRICT I

State of New Mexico Energy, Minerals and Natural Resources Depart. Lat

OIL CONSERVATION DIVISION

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

P.O. Box 1980, Hobbs, NM 88240

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	CAMPBEL:	L & HEDRICK	Lease HARDY			Well No.
Location of Well	Unit O	Sec. 19	Twp 21S	Rge 37E	County	LEA
	Name of Reserv	oir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	PADDOC1	K	OIL	PUMP	TBG.	3/4
Lower Compl	BLINEB	RY	OIL	FLOW	TBG.	24/64
			FLOW TES	ST NO. 1		
Both zones s	hut-in at (hour, da	te):4:30 P.M.	AUGUST 8,	1994		
Well opened	at (hour, date)	4:30 P.M.	AUGUST 9,	1994	Upper Completion	Lower Completion
indicate by (\boldsymbol{X}) the zone prod	ucing		· · · · · · · · · · · · · · · · · · ·		X
Pressure at beginning of test					60	260

Stabilized? (Yes or No).... NO NO Maximum pressure during test.... 65 260 60 65 Minimum pressure during test.... Pressure at conclusion of test.... 65 260 Pressure change during test (Maximum minus Minimum)..... 5 195 Was pressure change an increase or a decrease? INCREASE DECREASE Total Time On Well closed at (hour, date): 4:30P.M. August 10, 1994 Production 24 hrs. Oil Production Gas Production During Test: 5.22bls; Grav. During Test_ MCF; GOR 21,456 CHART DID NOT TURN ON THIRD DAY OF TEST 4:30P.M. AUGUST 11. 1994O. 2 Upper Lower Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing.... X Pressure at beginning of test. 68 260 ИО Stabilized? (Yes or No).... YES 68 260 Maximum pressure during test.... 30 Minimum pressure during test.... 260 Pressure at conclusion of test.... 30 260 Pressure change during test (Maximum minus Minimum)..... 38 0 NONE Well Oil p Durir

Ouring Test: 8.12	2 bbls; Grav.	Gas Production			
Remarks TEST	SATISFACTORY				
I hereby certify that the and completed to the CAMPBELL & Operator	RTIFICATE OF COM the information contained he best of my knowledge		11	CONSERVAT	TION DIVISION 20 1994
Signature O. F. HEDRI	ICK (PERATOR	11 -		
Printed Name		Title	Title		
8/19/94	915-68	34-4393			
Date	Teleph	one No.			