

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

SOUT EAST NEW MEXICO PACKER LEAKAGE TEST

|                                   |  |               |                           |                               |                           |                   |                |
|-----------------------------------|--|---------------|---------------------------|-------------------------------|---------------------------|-------------------|----------------|
| Operator <u>Chevron USA, INC.</u> |  |               | Lease <u>C.H. Hardy</u>   |                               |                           | Well No. <u>4</u> |                |
| Location of Well                  |  | Unit <u>M</u> | Sec <u>20</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>Paddock</u>        |  |               | <u>Oil</u>                | <u>Pump</u>                   | <u>Tbg</u>                |                   | <u>2" w.o.</u> |
| Lower Compl <u>Blinebry</u>       |  |               | <u>Gas</u>                | <u>Standing</u>               | <u>Csg</u>                |                   | <u>-</u>       |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 Am 5/28/87

Well opened at (hour, date): 12:00 Noon 5/19/87

|                                                          | Upper Completion                         | Lower Completion |
|----------------------------------------------------------|------------------------------------------|------------------|
| Indicate by ( X ) the zone producing.....                | <u>X</u>                                 |                  |
| Pressure at beginning of test.....                       | <u>30</u>                                | <u>28</u>        |
| Stabilized? (Yes or No).....                             | <u>yes</u>                               | <u>yes</u>       |
| Maximum pressure during test.....                        | <u>40</u>                                | <u>28</u>        |
| Minimum pressure during test.....                        | <u>30</u>                                | <u>28</u>        |
| Pressure at conclusion of test.....                      | <u>40</u>                                | <u>28</u>        |
| Pressure change during test (Maximum minus Minimum)..... | <u>10</u>                                | <u>0</u>         |
| Was pressure change an increase or a decrease?.....      | <u>increase</u>                          |                  |
| Well closed at (hour, date): <u>12:00 Noon 5/20/87</u>   | Total Time On Production <u>28 hours</u> |                  |
| Oil Production _____                                     | Gas Production _____                     |                  |
| During Test: _____ bbls; Grav. _____                     | During Test _____ MCF; GOR _____         |                  |
| Remarks <u>Lower completion is standing</u>              |                                          |                  |

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).....                             | <u>yes</u>                             | <u>yes</u>       |
| 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 <u>24 hrs</u> |                  |
| Oil Production _____                                     | Gas Production _____                   |                  |
| During Test: _____ bbls; Grav. _____                     | During Test _____ MCF; GOR _____       |                  |
| REMARKS: _____                                           |                                        |                  |

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

Approved: AUG 11 1987 19  
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

Operator Chevron USA, INC  
By Ju Huan  
Title Production Specialist  
Date 8/2/87

RECEIVED  
AUG 5 1987  
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HOBBBS OFFICE