

This form is not to
be used for reporting
pressure leakage tests
in Northeast New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>W. J. [unclear]</u>			Lease <u>W. J. [unclear] (ACT-3)</u>			Well No. <u>1</u>	
Location of Well	Unit <u>L</u>	Sec <u>19</u>	Twp <u>21</u>	Rge <u>37</u>	County <u>100</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>W. J. [unclear]</u>		<u>Oil</u>	<u>Flow</u>	<u>Tbg</u>	<u>2" 60"</u>	
Lower Compl	<u>W. J. [unclear]</u>		<u>Oil</u>	<u>Flow</u>	<u>Tbg</u>	<u>2" 60"</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 6/21/83

Well opened at (hour, date): 9:00 AM 6/21/83 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X _____

Pressure at beginning of test..... 9 4

Stabilized? (Yes or No)..... Yes _____

Maximum pressure during test..... 10 _____

Minimum pressure during test..... 8 _____

Pressure at conclusion of test..... 14 _____

Pressure change during test (Maximum minus Minimum)..... 46 _____

Was pressure change an increase or a decrease?..... increase decrease

Well closed at (hour, date): 9:00 PM 6/22/83 Total Time On Production 24 hrs

Oil Production Gas Production

During Test: 0 bbls; Grav. SS ; During Test 70.0 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 AM 6/22/83 Upper Completion Lower Completion

Indicate by (X) the zone producing..... _____ _____

Pressure at beginning of test..... 24 15

Stabilized? (Yes or No)..... Yes _____

Maximum pressure during test..... 28 _____

Minimum pressure during test..... 25 _____

Pressure at conclusion of test..... 28 _____

Pressure change during test (Maximum minus Minimum)..... 3 _____

Was pressure change an increase or a decrease?..... increase decrease

Well closed at (hour, date): 9:00 PM 6/22/83 Total time on Production 24 hrs

Oil Production Gas Production

During Test: 0 bbls; Grav. _____ ; During Test _____ MCF; GOR _____

REMARKS: W. J. [unclear] not producing

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

Approved: AUG 2 1983 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Operator W. J. [unclear]
By [unclear]
Title Well Test R







