

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

SOUT ST NEW MEXICO PACKER LEAKAGE TEST

Operator GULF OIL CORPORATION				Lease WA Ramsay (NCT-B)		Well No. 3	
Location of Well	Unit A	Sec 25	Twp 21	Rge 36	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	2" W0
Lower Compl			Blinebry	Oil	Pump	Tbg	2" W0

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 Am 8/27/84

Well opened at (hour, date): 10:00 Am 8/28/84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>98</u>	<u>429</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>98</u>	<u>429</u>
Minimum pressure during test.....	<u>38</u>	<u>402</u>
Pressure at conclusion of test.....	<u>38</u>	<u>402</u>
Pressure change during test (Maximum minus Minimum).....	<u>-60</u>	<u>-27</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>decrease</u>

Well closed at (hour, date): 10:00 Am 8/29/84

Oil Production During Test: 4 bbls; Grav. 38.4; Gas Production During Test: 20.0 MCF; GOR 5000

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 Am 8/30/84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>43</u>	<u>372</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>43</u>	<u>372</u>
Minimum pressure during test.....	<u>36</u>	<u>28</u>
Pressure at conclusion of test.....	<u>36</u>	<u>28</u>
Pressure change during test (Maximum minus Minimum).....	<u>-7</u>	<u>-344</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>decrease</u>

Well closed at (hour, date): 10:00 Am 8/31/84

Oil Production During Test: 2 bbls; Grav. 37.8; Gas Production During Test: 6.0 MCF; GOR 3000

REMARKS: STUFFING Box Leaking, wouldn't hold pressure

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

Approved: SEP 21 1984 19
Oil Conservation Division

By _____
DISTRICT SUPERVISOR

Operator GULF OIL CORPORATION

By Ju Harrison

Title WELL TESTER

Date 8/31/84