

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 Amerada Hess Corporation			Lease State WEK			Well No. 1		
Location of Well	Unit F	Sec. 15	Twp 21	Rge 35	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	S. Osuedo Wolfcamp		TA'd					
Lower Compl	S. Osuedo Morrow		Gas	Flow	Tbg.		1"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 P.M. 5-2-95

Well opened at (hour, date): 1:00 P.M. 5-3-95

Indicate by ( X ) the zone producing.....	Upper Completion	Lower Completion
Pressure at beginning of test.....	1800	40
Stabilized? (Yes or No).....	Yes	NO
Maximum pressure during test.....	1800	160
Minimum pressure during test.....	1800	20
Pressure at conclusion of test.....	1800	20
Pressure change during test (Maximum minus Minimum).....	0	140
Was pressure change an increase or a decrease?.....	--	Decrease

Well closed at (hour, date): 1:00 P.M. 5-4-95 Total Time On Production 24

Oil Production During Test: 0 bbls; Grav. -- Gas Production During Test 135 MCF; GOR ---

Remarks \_\_\_\_\_

FLOW TEST NO. 2

Well opened at (hour, date): TA'd

Indicate by ( X ) the zone producing.....	Upper Completion	Lower Completion
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
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 \_\_\_\_\_

Oil production During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_; Gas Production During Test \_\_\_\_\_ MCF; GOR \_\_\_\_\_

Remarks \_\_\_\_\_

OPERATOR CERTIFICATE OF COMPLIANCE

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

Amerada Hess Corporation  
Operator  
Bill Petree  
Signature  
Bill Petree Operation Tech.  
Printed Name Title  
5-12-95 505 393-2144  
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 17 1995

Date Approved \_\_\_\_\_  
By Paul Kautz Orig. Signed by  
Geologist  
Title \_\_\_\_\_