Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

3/22/99

(915) 686-6612 Telephone No.

State of New Mexico
Energy, Minerals and Natural Resources Department

Mexico Revised 1-1-89

.
INSTRUCTIONS ON REVERSE

SIDE

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	anta Fe Energy I	Resources, I	nc.	Lesse Abe Unit		Well No.
Location of Well	Unit H	.Sec. 29	Twp 21-S	Roe	County	2
	Name of Reserv	I · · · · · · · · · · · · · · ·	Type of Prod.	33 E . Method of Prod.	Prod. Medium	Choke Size
Upper Compl	V/A	TON OF POOL	(Oil or Gas)	Flow, An Lin	(Tbg. or Csg)	CHOKE SIZE
Lower	ndesignated Le	gg Atoka (M	orrow) Cou			
		08 (II		Flow	Тьд	48/64
		·	FLOW	TEST NO. 1		
Both zon	es shut-in at (hour, da	te):				* ***
Well ope	Well opened at (hour, date): 11:30					Lower Completion
Indicate t	by (\mathbf{X}) the zone prod	lucing	***********	***************	Completion	_ X
						4780
	Pressure at beginning of test					
	Maximum pressure during test					yes
			4780			
						0
Pressure a	t conclusion of test	***************		•••••	440	4780
Pressure o	ressure change during test (Maximum minus Minimum)					
				Press change		Blew Well down
	ed at (hour, date):			Total Time O	n	then built back un
Oil Produc	ction		Gas Production		2 hrs	same pressure.
During Te		Grav. 51.2860°	During Test	TSTM	MCF; GOR	
Remarks_	Ray Ables	······································				
Well open	Vell opened at (hour, date):FLOW TEST NO. 2					Lower
Indicate by	(X) the zone pro	ducing		•••••	Completion	Completion
Stabilized?	(Yes or No)			•••••	••	
Maximum	Dreceure during tool	••••••	, , , , , , , , , , , , , , , , , , ,	******************		
	pressure during test	***************	******************	*************************		
vinunuum	pressure during test	*************	••••••	***************************************		· ·
ressure at	conclusion of test	*****************	***************************************	*************	··· 	
				•••••		
	at (hour, date)			Total time on		
				_ Production		المراجعة ا
oming 162	t:bbls;	Grav.	_; During Test	N	MCF; GOR	·
lemarks						
OPER	ATOR CERTIFIC	TATE OF SO				
i nero	ATOR CERTIFICE by certify that the infor	mation contained b	MPLIANCE	R 011 CO	NCEDVATION :	20.40
and c	ompleted to the best of	my knowledge		MOILCO	ا NSERVATION ا الله في المجاهدة	SINISION
Sant Open	a Fe Energy Re			Date Approve	ed	
	ery Xrc	Tullange	<u></u>	Cagn		
Signa Tern	y McCullough,			i(
	d Name	Sr	. Prod. Clerk	Title	The state of the s	•

