

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Albert Gaskie			Lease H.B. Raymond			Well No. 3	
Location of Well		Unit H	Sec 33	Twp 22 South	Rge 36 East	County Lea	
Name of Reservoir or Pool Joint			Type of Prod (Oil or Gas) Gas	Method of Prod Flow, Art Lift Flow	Prod. Medium (Tbg or Csg) Tubing	Choke Size 5"	
Upper Compl				Gas	Flow	Tubing	24/64
Lower Compl	South Eunice			Oil	Pump	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): **5:30 P.M. 11-6-1959**

Well opened at (hour, date): **9:30 A.M. 11-7-1959**

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	475	140
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	500	140
Minimum pressure during test.....	475	100
Pressure at conclusion of test.....	500	120
Pressure change during test (Maximum minus Minimum).....	25	40
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date): 5:00 P.M. 11-7-1959	Total Time On Production 7.5 Hrs.	
Oil Production During Test: 10 bbls; Grav. 35 ;	Gas Production During Test 4.3	MCF; GOR 430
Remarks		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 9:30 A.M. 11-8-1959		
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	510	120
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	510	130
Minimum pressure during test.....	340	120
Pressure at conclusion of test.....	510	130
Pressure change during test (Maximum minus Minimum).....	170	10
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 5:00 P.M. 11-8-1959	Total time on Production 7.5 Hrs.	
Oil Production During Test: 3.3 bbls; Grav. 35 ;	Gas Production During Test 148.8	MCF; GOR 45100
Remarks		

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

Approved _____ 19____
New Mexico Oil Conservation Commission

By _____
Title _____

Operator **Albert Gaskie**

By _____

Title **Engineer**

Date **11-16-1959**

