Appropriate Dist. Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

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: CHEVRON			Lease: ALICE PADDOCK			Well No. 3	
Location of Well	Unit P	Sec. 01	Twp 22	Rge 37	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	Blinbry T/A'D		GAS	T/A'D	TBG	—	
Lower Compl	Tubb		GAS	Flowing	CSG	—	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): STANDING

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing		
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 _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 11-		
Indicate by (X) the zone producing		X
Pressure at beginning of test	05	40
Stabilized? (Yes or No)	SAME YES	YES
Maximum pressure during test		120
Minimum pressure during test		38
Pressure at conclusion of test		100
Pressure change during test (Maximum minus Minimum)		82
Was pressure change an increase or a decrease?	SAME	INCREASE

Well closed at (hour, date) _____ Total time on Production _____

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

Remarks WELL IS ON PLUNGER, IS THE REASON FOR PRESSURE INCREASE @ THE END OF TEST.

OPERATOR CERTIFICATE OF COMPLIANCE

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

CHEVRON USA INC
Operator

Signature

A.L. ALEXANDER
Printed Name

PRODUCTION SPECIALIST
Title

OIL CONSERVATION DIVISION

DEC 12 1995
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR

Title