Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

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

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Er

', Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Revised 1-1-89

INSTRUCTIONS ON REVERSE

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

Well No. 3

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Lease

Cheuron USA,	NC.	Leas	Mark		Well No. 3
Location Unit G	Sec. 3	Twp 22	Rge 3	7 County L	ea
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 Bhinebry Lower		Cas	Flow	The	
Compl DRINGCard		Gas	Flow	The	_
		FLOW TES	1	`	
Both zones shut-in at (hour, date):	9:00 A	m 3/13	189		
Well opened at (hour, date): $9'00 \text{ Am} = 3/14/89$ Indicate by (X) the zone producing				Upper Completion	Lower Completion
Pressure at beginning of test				3/0	165
Stabilized? (Yeş or No)					yes
Maximum pressure during test				315	165
Minimum pressure during test.				310	40
Pressure at conclusion of test					60
Pressure change during test (Maximum minus Minimum).					-/05
Was pressure change an increase or a decrease?				INCREASE	clecnease
Well standard from the Common Total Time On				,	cacinase
Oil Production Oil Production During Test:				24 his	
Remarks	av	During Test		MCF; GOR	
		FLOW TES	ST NO 2		
Well opened at (hour, date): 9:00 Am 3/16/89				Upper Completion	Lower Completion
Indicate by (X) the zone producing				X	
Pressure at beginning of test				320	160
Stabilized? (Yes or No)				yes_	yes
Maximum pressure during test				320	160
Minimum pressure during test				70	160
Pressure at conclusion of test.				70	160
Pressure change during test (Maximum minus Minimum)				-250	
Was pressure change an increase or	a decrease?	•••;•••••••	•••••	decrease	···
Well closed at (hour, date) 9.00	Am 3	117/89	Total time on Production 2	1 has	
During Test: bbls; Gr	av;	During Test	MCI	F; GOR	·
Remarks					
OPERATOR CERTIFICA I hereby certify that the informat and completed to the best of my	ion contained hereir knowledge	is true		SERVATION D	
Cheuron Usa, in			Date Approved	MAP 2	3 1989
Operator. / i	<u> </u>		11111111111		
Operator Signature Jw Harbisoni Printed Name	<u> </u>				