

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

SOUT ST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gulf Oil Corporation</u>				Lease <u>MARK</u>		Well No. <u>7</u>	
Location of Well	Unit <u>H</u>	Sec <u>3</u>	Twp <u>22</u>	Rge <u>37</u>	County <u>Lea</u>		
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	<u>Blueberry</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>		<u>—</u>
Lower Compl	<u>Drinkard</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>		<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 Am 1/30/84

Well opened at (hour, date): 10:00 Am 1/31/84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>337</u>	<u>238</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>362</u>	<u>238</u>
Minimum pressure during test.....	<u>337</u>	<u>15</u>
Pressure at conclusion of test.....	<u>362</u>	<u>15</u>
Pressure change during test (Maximum minus Minimum).....	<u>+25</u>	<u>-223</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>10:00 Am</u> <u>2/1/84</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>1</u> bbls; Grav. <u>41.1</u> ;	Gas Production During Test: <u>330.0</u> MCF; GOR <u>330,000</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 Am 2/2/84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>373</u>	<u>238</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>373</u>	<u>241</u>
Minimum pressure during test.....	<u>63</u>	<u>238</u>
Pressure at conclusion of test.....	<u>63</u>	<u>241</u>
Pressure change during test (Maximum minus Minimum).....	<u>-310</u>	<u>+3</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date) <u>10:00 Am</u> <u>2/3/84</u>	Total time on Production <u>24 hrs</u>	
Oil Production During Test: _____ bbls; Grav. _____ ;	Gas Production During Test: _____ MCF; GOR _____	
REMARKS: _____		

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

Approved: FEB 27 1984 19
Oil Conservation Division

By _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

Operator Gulf Oil CorporationBy JW HarburnTitle Well TesterDate 2/10/84







