

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>SUN Oil Co</u>			Lease <u>Eva Owens</u>			Well No. <u>3</u>	
Location of Well	Unit <u>C</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 (Thg or Csg)	Choke Size	
Upper Compl	<u>BLINEBRY</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>1.00</u>	
Lower Compl	<u>DRINKARD</u>		<u>Oil</u>	<u>Flow</u>	<u>Thg</u>	<u>3/64</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3-19-85 @ 1:00 PM

Well opened at (hour, date): 3-20-85 @ 1:00 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>95</u>	<u>220</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>95</u>	<u>320</u>
Minimum pressure during test.....	<u>30</u>	<u>220</u>
Pressure at conclusion of test.....	<u>30</u>	<u>220</u>
Pressure change during test (Maximum minus Minimum).....	<u>65</u>	<u>100</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date): <u>3-21-85 @ 1:00 PM</u>	Total Time On Production <u>24 hr</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>0</u>	During Test <u>12</u> MCF; GOR <u>12000</u>	

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>3-22-85 @ 1:00 PM</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>150</u>	<u>350</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>175</u>	<u>350</u>
Minimum pressure during test.....	<u>150</u>	<u>35</u>
Pressure at conclusion of test.....	<u>175</u>	<u>35</u>
Pressure change during test (Maximum minus Minimum).....	<u>25</u>	<u>315</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>3/23/85 @ 1:00 PM</u>	Total time on Production <u>24 hr</u>	
Oil Production	Gas Production	
During Test: <u>2</u> bbls; Grav. <u>36⁴@58</u>	During Test <u>171</u> MCF; GOR <u>85440</u>	

REMARKS: _____

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

Approved: JUL 1985
Oil Conservation Division

By _____

Operator SUN EXPLORATION & PRODUCTION CO

By Doris Williams

Title Accountant

Date 11 June 1985

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JUN 12 1985

O.C.D.
HOBBS OFFICE



