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			Lease			Well No.
CHEVRON USA INC			MARK			5
Location of Well	Unit	Sec.	Twp	Rge	County	
	A	3	22 S	37 E	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	Tubb	OIL	PMP	TBG	-
Lower Compl	Drinkard	GAS	FLOW	TBG	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-26-94 11:45 AM

Well opened at (hour, date): 4-27-94 12:45 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	100
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	120	205
Minimum pressure during test	60	205
Pressure at conclusion of test	60	205
Pressure change during test (Maximum minus Minimum)	60	105
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-28-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	60	300
Stabilized? (Yes or No)	195	80
Maximum pressure during test	195	80
Minimum pressure during test	145	40
Pressure at conclusion of test	145	40
Pressure change during test (Maximum minus Minimum)	Increase	Decrease
Was pressure change an increase or a decrease?	85	160

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

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks _____

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

A. L. Alexander
Signature

A.L. ALEXANDER — PRODUCTION SPECIALIST
Printed Name — Title

4-29-94 397-8970 X229

OIL CONSERVATION DIVISION

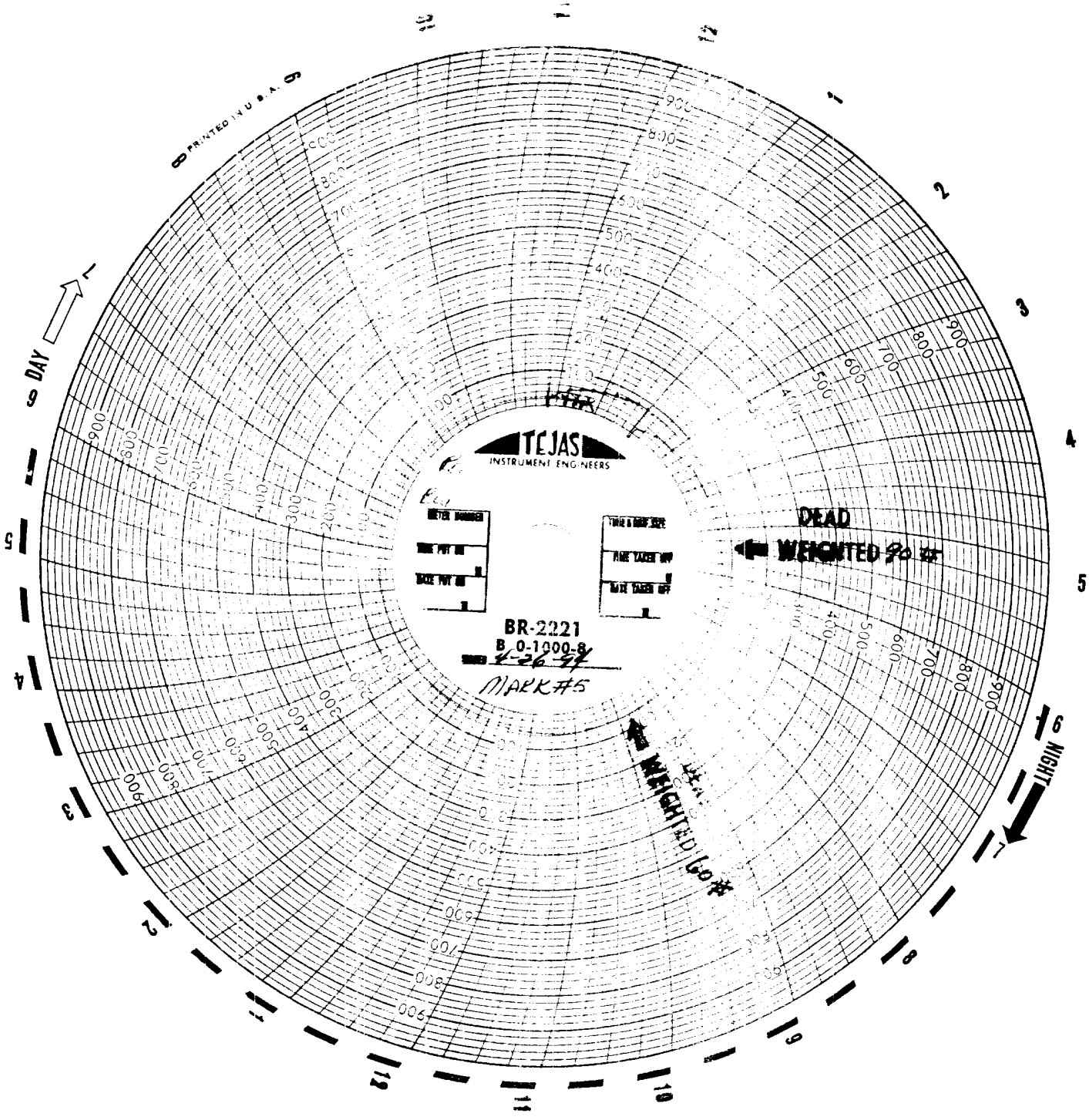
Date Approved _____

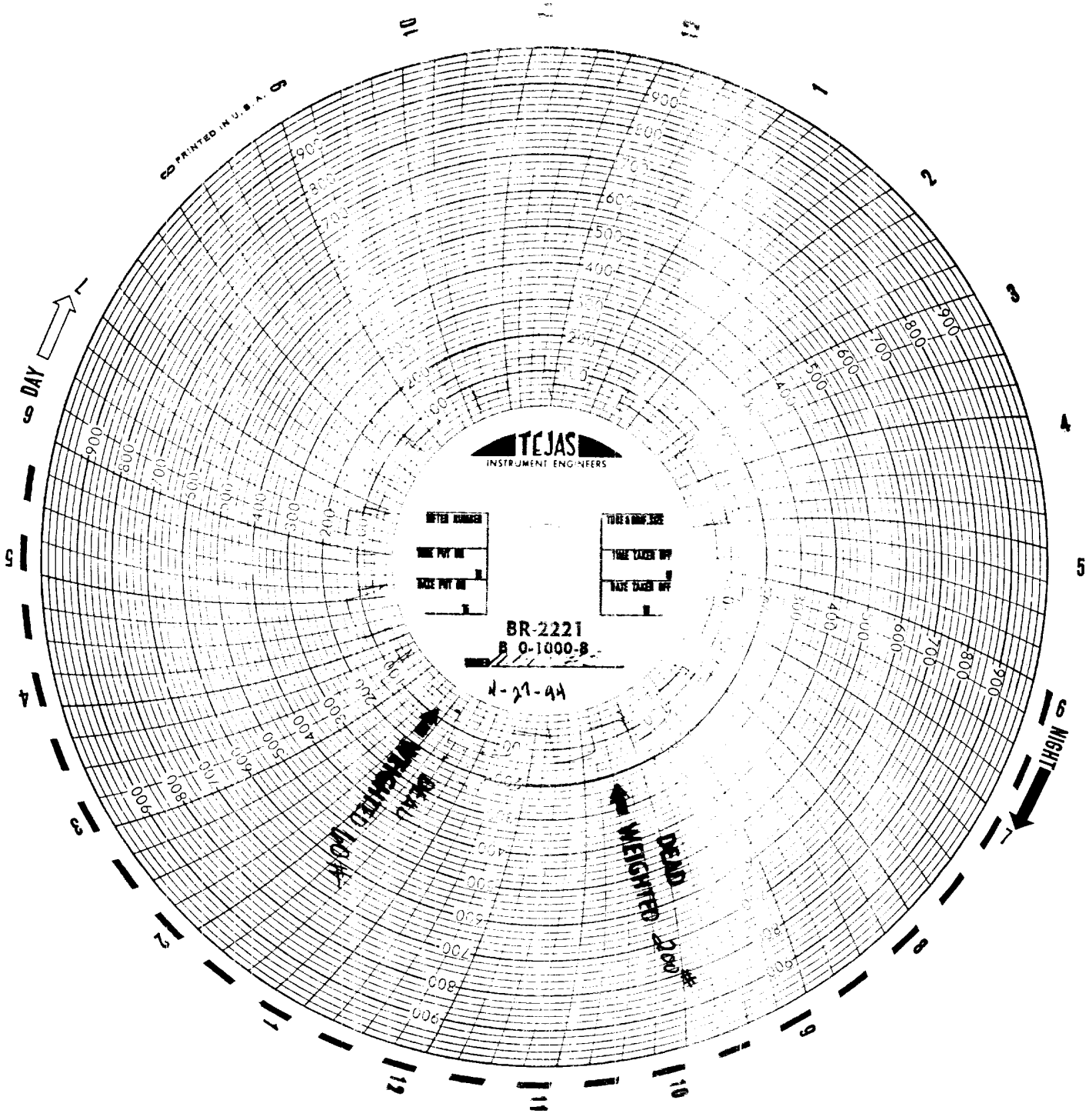
By _____ Paul Kautz Geologist

Title _____

DEAD WEIGHTED 20#
DEAD WEIGHTED 140#
TEJAS
INSTRUMENT ENGINEERS
METER NUMBER
TIME PUT ON
DATE PUT ON
TIME TAKEN OFF
DATE TAKEN OFF
BR-2221
B 0-1000-8
DAY
NIGHT
PRINTED IN U.S.A.

TEJAS
INSTRUMENT ENGINEERS
BR-2221
B 0-1000-8
4-28-94
DAY
NIGHT
WEIGHTED 710#
DEAD WEIGHT


TEJAS
INSTRUMENT ENGINEERS
BR-2221
B 0-1000-8
4-26-57
MARK#5
DEAD
WEIGHTED 90 #
WEIGHTED 60 #
DAY
NIGHT
PRINTED IN U.S.A.


TEJAS
INSTRUMENT ENGINEERS
BR-2221
B 0-1000-B
4-27-94
DEAD WEIGHTED 2600#
DEAD WEIGHTED 1400#
DAY
NIGHT
PRINTED IN U.S.A.