ppropriate Dist. Office

ISTRICT I
O. Box 1980, Hobbs, NM 88240

ISTRICT II
.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 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 USA			Lease: Mark			Well No.: 5
Location of Well: Unit A	Sec. 3	Twp 22S	Rge 37E		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	Tubb	Oil	Flow	Tbg	-	
Lower Compl	Drinkard	Gas	Flow	Tbg	-	

FLOW TEST NO. 1

	Upper Completion	Lower Completion
Both zones shut-in at (hour, date): 8:00 AM 4-19-93		
Well opened at (hour, date): 8:00 AM 4-20-93		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	270	155
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	305	155
Minimum pressure during test	270	5
Pressure at conclusion of test	305	140
Pressure change during test (Maximum minus Minimum)	35	150
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 8:00 AM 4-21-93 Total Time On Production: 24 hrs

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): 8:00 AM 4-22-93		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	325	155
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	325	155
Minimum pressure during test	40	135
Pressure at conclusion of test	40	135
Pressure change during test (Maximum minus Minimum)	285	20
Was pressure change an increase or a decrease?	Decrease	Decrease

Well closed at (hour, date) 8:00 AM 4-23-93 Total time on Production: 24 hrs

Oil production During Test: _____ 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
Operator

John D. Abbott
Signature

John D. Abbott Prod Spec.
Printed Name Title

OIL CONSERVATION DIVISION

Date Approved: MAY 03 1993

By: ORIGINAL SIGNED BY ... EXTON
DISTRICT I SUPERVISOR

Title _____