

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Gulf Oil Corporation			Lease H. T. Mattern (NCT-D)		Well No. 7	
Location of Well	Unit D	Sec 6	Twp 22	Rge 37	County Lea	
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art. Lift	Prod. Medium (Tbg. or Cag)	Choke Size
Upper Compl.	Eumont		Gas	Standing	Csg.	-
Lower Compl.	Arrowhead		Oil	Standing	Tbg.	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 A.M. 9-23-80

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	50	125
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date):	Total Time On Production	
Oil Production	Gas Production	
During Test: bbls; Grav.	During Test MCF; GOR	
Remarks Both zones are standing.		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date):	Total time on Production	
Oil Production	Gas Production	
During Test: bbls; Grav.	During Test MCF; GOR	
REMARKS:		

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

Approved: 19 _____
Oil Conservation Division
By _____
Title Well Tester