Energy, Minerals and Natural Resources Department

DISTRICT I
P. Box 1980, Hobbs, NM 88240

DISTRICT II
P. Drawer DD, Artesia, NM 88210

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	Rollon Brunson	6

Location of Well	Unit	Sec.	Twp	Rge	County
	B	10	22S	37E	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	Gas	Flow	Tbg	—
Lower Compl	Drinkard	Gas	Flow	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:45AM 5-3-93

Well opened at (hour, date): 7:45AM 5-4-93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	180	200
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	240	200
Minimum pressure during test	180	10
Pressure at conclusion of test	240	10
Pressure change during test (Maximum minus Minimum)	60	190
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 7:45AM 5-5-93 Total Time On Production 24 hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7:45AM 5-6-93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	285	160
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	285	205
Minimum pressure during test	10	160
Pressure at conclusion of test	10	205
Pressure change during test (Maximum minus Minimum)	275	45
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 7:45AM 5-7-93 Total time on Production 24hrs.

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

5-10-93

OIL CONSERVATION DIVISION

Date Approved MAY 14 1993

By _____

Title _____