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Appropriate Dist. Office

State of Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Marathon Oil Company				Lou Wortham		Well No. 9
Location of Well	Unit E	Sec. 11	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	Blinebry		Gas	Flow	Casing	-
Lower Compl	Tubb		Gas	Flow	Tubing	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 am 10-10-94

Well opened at (hour, date): 12:00N 10-10-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	180	210
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	190	210
Minimum pressure during test.....	180	40
Pressure at conclusion of test.....	190	40
Pressure change during test (Maximum minus Minimum).....	10	170
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date): 4:00 pm 10-10-94	Total Time On Production 4hr.	
Oil Production During Test: bbls; Grav. During Test	15.5 mcf	MCF; GOR
Remarks Flow Blinebry all night		

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 am 10-11-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	60	40
Stabilized? (Yes or No).....	Yes	No
Maximum pressure during test.....	175	225
Minimum pressure during test.....	60	40
Pressure at conclusion of test.....	80	225
Pressure change during test (Maximum minus Minimum).....	115	185
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date) 10:00 am 10-11-94	Total time on Production 4hrs.	
Oil production During Test: bbls; Grav. During Test	79.86 mcf	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

Marathon Oil Company
Operator

Signature

James Faught

Printed Name

10-11-94

Date

Clerk

Title

Telephone No.

OIL CONSERVATION DIVISION

OCT 11 1994

Date Approved

By

Title