

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gulf Oil Corporation</u>			Lease <u>Elk</u>			Well No. <u>1</u>	
Location of Well	Unit <u>A</u>	Sec <u>25</u>	Twp <u>22</u>	Rge <u>37</u>	County <u>Lea</u>		
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	<u>Drinkard</u>	<u>Oil</u>	<u>Flow</u>	<u>Tbg</u>	<u>-</u>		
Lower Compl	<u>Wantz Granite Wash</u>	<u>Oil</u>	<u>Standing</u>	<u>Tbg</u>	<u>-</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 4/1/85

Well opened at (hour, date): 9:00 AM 4/2/85 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X 0

Pressure at beginning of test..... 398 0

Stabilized? (Yes or No)..... Yes Y

Maximum pressure during test..... 423 0

Minimum pressure during test..... 398 0

Pressure at conclusion of test..... 423 0

Pressure change during test (Maximum minus Minimum)..... +25 0

Was pressure change an increase or a decrease?..... INCR. No chge

Well closed at (hour, date): 9:00 AM 4/3/85 Total Time On Production 24

Oil Production Gas Production

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks Warren Petr. closed well in during test to repair leak in line

FLOW TEST NO. 2

Well opened at (hour, date): _____ Upper Completion Lower Completion

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: JUN 14 1985 19
Oil Conservation Division
ORIGINAL SIGNED BY EDDIE SEAY
By _____
Title _____

Operator Gulf
By JW Hansen
Title Well Tester
Date 5/13/85

RECEIVED

MAY 16 1985

3-2-85
HONORS OFFICE