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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Hum	ble Oil & F	efining Co	ompany	 	Leas	e N. M.	11M11	State		We No	20
Location		Sec	29	Twp	225		Rge	37E		County	Lea
of Well	<u> </u>	servoir or	Pool	Type of (Oil or		Metho Flow		P r od Lift		Medium or Csg)	Choke Size
Upper				Oil		Pump		Tbg.		0pen	
Compl Lower Compl	San Andres							n	•	2" Csg.	_
COMPT		Star	ndby wate	r source	e well W TEST	for N. NO. 1	M. "	M" Sta	te Lea	se flood.	
Doth gon	es shut-in	at (hour.	date):				-21-6	59			
Wall one	ned at (hou	r. date):	~	12:0	0 Noon	1-22-6	9		(Upper Completion	Lower Completion
								. ,			X
Indicate by (X) the zone producing											80
											Yes
Stabilized? (Yes or No)											80
Maximum pressure during test											0
Minimum pressure during test Pressure at conclusion of test											0
Pressure at conclusion of test											80
Was pressure change an increase or a decrease?											Decrease
	sed at (hou										
	uction est: 0				ine Proc	ות בידיתווים ו	_				
	Water w										
	ened at (hou			5 A.M.,		9					Lowe r Completion
	e by (X										
	e at beginn:										0
	zed? (Yes o										Yes
Maximum	pressure di	uring test	• • • • • • • •	• • • • • •	• • • • •	• • • • • •		•••••	• • • • •	35	0
Minimum	pressure di	uring test	• • • • • • • •	• • • • • •	• • • • •	• • • • • •	• • • • •	•••••	• • • • •	35	0
Pressure	e at con c lu	sion of te	st	• • • • • •	• • • • • •	• • • • • •	• • • • •	•••••	•••••	<u>35</u>	0
Pressure	e change du	ring test	(Maximum	minus M	inimum)	• • • • •		• • • • •	0	
Was pre	ssure change	e an in cr e	ase or a	d ecr eas	e?	• • • • • •	Tot	al tim	ne on		
	osed at (hoduction Test: 2										500
	*35# Bac										
I hereb	y certify to	hat the in	fo rmatio n	herein	conta	ined is				e to the b & Refinin	
Approve	xico Oil Co	nservation	Commissi	19 on	√J.J	∬ By	ত্য			711175	
By	x160 011 00		am			Title		·_ ·_ ·		Gervices Su	
Title /	// -		-01			Date_		2-7-	- 69		

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