Appropriate Dist. Office

DISTRICT II

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

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

Energy, Minerals and Natural Resources Der nent

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Revised 1-1-89

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 Fina Oil and Chemical Location Unit				Edith Butler	4	Well No.
Well	Unit M	.Sec. _{7 8}	Twp. 22	Rge 38 ·	County	
Jpper	Name of Rese	rvoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
	Blineberry		Oil	Pump	Tbg	N/A
Compl	Drinkard		Gas	Plunger	Tbg	N/A

Lower	ULL	Pump	1bg	N/A			
Compl Drinkard	Gas	Plunger	Tbg	N/A			
	FLOW'	TEST NO. 1					
Both zones shut-in at (hour, date): 9: a.m.	7-21-	97		• • •			
Well opened at (hour, date): 9: α.m.	Upper Completion	Lower					
Indicate by (X) the zone producing	•••••		X	Completion			
Pressure at beginning of test	• • • • • • • • • • • • • • • • • • • •		25	310			
Stabilized? (Yes or No)							
	Maximum pressure during test.						
Minimum pressure during test			25	370 310			
Pressure at conclusion of test				370			
Pressure change during test (Maximum minus Minimu		•		60			
Was pressure change an increase or a decrease?				Inc.			
Well closed at (hour, date): 9: a.m. 7-2	3-97	Total Time On Production	24	inc.			
	Gas Production During Test]		•			
Remarks Also 5 BBLS water	During Test	30	·_MCF; GOR	3			
	FLOW T	FST NO 2					
			Upper Completion	Lower Completion			
Indicate by (X) the zone producing	••••••••	***************************************	•	X			
Pressure at beginning of test	210	385					
Stabilized? (Yes or No)	Stabilized? (Yes or No)						
Maximum pressure during test	210	385					
Minimum pressure during test	138	. 19					
Pressure at conclusion of test			138	19			
Pressure change during test (Maximum minus Minimum			72	266			
Was pressure change an increase or a decrease?	Dec	Dec					
Well closed at (hour, date) Left on prod.		Total time on Production 24	•				
During Test:bbls; Grav; Do	as Production uring Test_	MCF	GOR	North-Indiana St. P. Effet 9 resident Statement			
Remarks		•					
OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the information contained herein is	ANCE	7					
and completed to the best of my knowledge	i irue	/*\! OIL CONS	ERVATION DIV	/ISION			
Operator	ina Oil & Chemical Company Date Approved						
Signature Marker		Ву	ORIGINAL SIGNED E	BY CHRIS WILLIAMS			
Mary Ann Martinez Production	Analyst	-					

OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge				
Fina Oil & Chemical	Company			
Operator Mary and Mary Signature	Tim			
Mary Ánn Martinez	Production Analyst			
Printed Name 8/19/97	Title 915/688-0649			
Date	Talanta M			

Telephone No.

OIL CONSERVATION DIVISION					
Date Approved _					
Ву	ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT L SUPERVISOR				
Title					