

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

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

Energy, Minerals and Natural Resources Department

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

30-025-12/19

Operator Fina Oil & Chemical			Lease Edith Butler A			Well No. 1	
Location of Well	Unit M	Sec. 18	Twp 22	Rge 38	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	BlaineBerry		Oil	Pump	TBG	N/A	
Lower Compl	Drinkard		Gas	Plunger	TBG	N/A	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:15 7-27-96

Well opened at (hour, date): 9:00 7-28-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	20	110
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	42	110
Minimum pressure during test.....	20	22
Pressure at conclusion of test.....	42	40
Pressure change during test (Maximum minus Minimum).....	22	88
Was pressure change an increase or a decrease?.....	increase	decrease

Well closed at (hour, date): 10:30PM 7-28-96

Oil Production 0 bbls; Grav. _____

Gas Production 0 MCF; GOR _____

Total Time On Production 13.5 hours

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:30AM 7-29-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	42	138
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	42	138
Minimum pressure during test.....	22	138
Pressure at conclusion of test.....	22	138
Pressure change during test (Maximum minus Minimum).....	20	no change
Was pressure change an increase or a decrease?.....	decrease	no change

Well closed at (hour, date): 9:AM 7-30-96

Oil production 4 bbls; Grav. _____

Gas Production 20 MCF; GOR 5 MCF

Total time on Production 24

Remarks Also 15 BBLS Water

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
Signature
Mary Ann Martinez
Printed Name
9-5-96
Date

Production Analyst
Title
915/688-0649
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT MANAGER

Title _____

