Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

State of New Mexico Enusy, Minerals and Natural Resources Department

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

P.O. Drawer DD, Artesia, NM 88210

Printed Name

Date

10-31-93

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

FINA OIL & CHEMICAL	Lease EDITH BUTLER		Well No.
Location Unit Sec. Twp	Rge 38	County L.E.A	
Type of Prod. Name of Reservoir or Pool (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tog. or Csg)	Choke Size
Upper Tubb GAS		CSG	NONE
Comple Bringer & Ale S. OIL	ART LIFT	TBG	NONE
	TEST NO. 1		
Both zones shut-in at (hour, date): 9:35 AM 10-29-93			
Well opened at (hour, date):		Upper Completion	Lower Completion
Indicate by (X) the zone producing		0	X
Pressure at beginning of test.		360	350
Stabilized? (Yes or No)		YES	YES
Maximum pressure during test	••••	360	350
Minimum pressure during test			35
Pressure at conclusion of test			35
Pressure change during test (Maximum minus Minimum)		4.0	300
Vas pressure change an increase or a decrease?			decreas
Vell closed at (hour, date): 9:35 AM 10-28-93	Total Time On Production		
Oil Production Ouring Test: 3 bbls; Grav. Gas Production During Test	on .	MCF; GOR 4	
emarks			
FLOW TEST NO. 2		Upper Lowe	Lower
Vell opened at (hour, date): 9:35 AM 10-29-93		Completion	Completion
idicate by (X) the zone producing			0
ressure at beginning of test		330	262
tabilized? (Yes or No)		YES	YES
faximum pressure during test		330	262
finimum pressure during test	•••••	100	262
ressure at conclusion of test.	••••••	100	262
ressure change during test (Maximum minus Minimum)	•••••	230	NONE
/as pressure change an increase or a decrease?		DECREASE	NONE
Vell closed at (hour, date) Gas Production	Total time on Production	24	
oil production Gas Production uring Test: O bbls; Grav. O puring Test During Test	n MC	F: GOR	
emarks			
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true	OIL CON	SERVATION DI	VISION
and completed to the best of my knowledge	11		
Operator	Date Approved	MA A 9 1332	
Operator Plusty Riddle Signature Phillip Riddle 25 Foreman	Ву	ORIGINAL SIGNED BY	
Signature /	11	DISTRICT I SUPE	K VIZUK

Title 392 883 0

Telephone No.