ENERGY AND MINERALS DEPARTMENT

Revised 10/1/78

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Chevron USA, Inc.			Lease Higgins		Well No. 1
Location of Well	Unit J	Sec 29	Twp 22	Rge ~~37~~ 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	Blinebry	Oil	Standing	Csg	—
Lower Compl	~~Drinkard~~ → Brunson [illegible] R-8523 5/11/83	"	Pump	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:00 pm 2/16/87

Well opened at (hour, date): 2:00 pm 2/17/87

	Upper Completion	Lower Completion
Indicate by (X) the zone producing........................		X
Pressure at beginning of test........................	30	288
Stabilized? (Yes or No)........................	yes	yes
Maximum pressure during test........................	30	288
Minimum pressure during test........................	30	40
Pressure at conclusion of test........................	30	40
Pressure change during test (Maximum minus Minimum)........	0	-248
Was pressure change an increase or a decrease?........	No change	decrease

Well closed at (hour, date): 2:00 pm 2/18/87 Total Time On Production 24 hrs

Oil Production During Test: ______ bbls; Grav. ______; Gas Production During Test ______ MCF; GOR ______

Remarks Upper Zone Standing

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 24 hrs

Oil Production During Test: ______ bbls; Grav. ______; Gas Production During Test ______ MCF; GOR ______

REMARKS: ______

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved: MAR 27 1987 19__

Oil Conservation Division

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Operator Chevron USA, Inc.

By [signature]

Title Production Specialist