omit 3 Copies to
propriate Dist. Office

STRICT I
). Box 1980, Hobbs, NM 88240

STRICT II
). Drawer DD, Artesia, NM 88210

State of New Mexico
Ener Minerals and Natural Resources Department

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

perator	Cheuron USA Inc			Lease	Scarborough Estate			Well No.	2
ocation f Well	Unit	H	Sec. 31	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
pper ompl	Blinebry			Gas	Pump		tbg		-
ower ompl	Tubb			Gas	Flow		tbg		-

FLOW TEST NO. 1

oth zones shut-in at (hour, date): 9:45 AM 11-24-92

	Upper Completion	Lower Completion
ell opened at (hour, date): 9:45 AM 11-25-92		
idicate by (X) the zone producing	X	
ressure at beginning of test	20	270
abilized? (Yes or No)	yes	yes
laximum pressure during test	20	270
linimum pressure during test	20	270
ressure at conclusion of test	20	270
ressure change during test (Maximum minus Minimum)	Same	Same
as pressure change an increase or a decrease?	-	-

ell closed at (hour, date): 9:45 AM 11-26-92 Total Time On Production 24 hrs

il Production uring Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

emarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
ell opened at (hour, date): 9:45 AM 11-27-92		
dicate by (X) the zone producing		X
essure at beginning of test	20	270
abilized? (Yes or No)	yes	yes
aximum pressure during test	20	270
nimum pressure during test	20	40
ssure at conclusion of test	20	40
ssure change during test (Maximum minus Minimum)	Same	230
s pressure change an increase or a decrease?	-	Decrease

ll closed at (hour, date) 9:45 11-28-92 Total time on Production 24 hrs

production ring Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

narks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Cheuron
Operator

John D. Abbott
Signature

John D. Abbott Prod. Spec
Printed Name Title

11-30-92

OIL CONSERVATION DIVISION

Date Approved DEC 08 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____