

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

SOUTHWEST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Chevron USA, Inc</u>				Lease <u>TR Andrews</u>		Well No. <u>1</u>	
Location of Well	Unit <u>B</u>	Sec <u>32</u>	Twp <u>22</u>	Rgo <u>38</u>	County <u>Lea</u>		
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art. Lift	Prod. Medium (Tbg or Cag)	Choke Size	
Upper Compl	<u>Bhinebry</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>		
Lower Compl	<u>Drinicaud</u>		<u>Gas</u>	<u>"</u>	<u>"</u>	<u>2 1/64</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 Pm 1/13/86

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>1:00 Pm 1/14/86</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>374</u>	<u>280</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>404</u>	<u>280</u>
Minimum pressure during test.....	<u>374</u>	<u>101</u>
Pressure at conclusion of test.....	<u>404</u>	<u>101</u>
Pressure change during test (Maximum minus Minimum).....	<u>+ 30</u>	<u>-179</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>1:00 Pm 1/15/86</u>	Total Time On Production <u>24 hrs</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>1:00 Pm 1/16/86</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>422</u>	<u>347</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>422</u>	<u>386</u>
Minimum pressure during test.....	<u>86</u>	<u>347</u>
Pressure at conclusion of test.....	<u>86</u>	<u>386</u>
Pressure change during test (Maximum minus Minimum).....	<u>- 336</u>	<u>+ 39</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date): <u>1:00 Pm 1/17/86</u>	Total time on Production <u>24 hrs</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
REMARKS: _____		

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

Approved: FEB 3 - 1986
Oil Conservation Division

by Eddie W. Seay
Oil & Gas Inspector

Operator Chevron USA, Inc

By Ju Harbin

Title Well Tester

Date 1/17/86

RECEIVED

JAN 27 1986

C. C. R.
HOBB. OFFICE