

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

SOUTH T NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Gulf Oil Corporation</u>			Lease <u>T.R. Andrews</u>			Well No. <u>1</u>	
Location of Well	Unit <u>B</u>	Sec <u>32</u>	Twp <u>22</u>	Rge <u>38</u>	County <u>Lin.</u>		
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	<u>Blinbry</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>			
Lower Compl	<u>Drinkard</u>	<u>Gas</u>	<u>"</u>	<u>"</u>	<u>2 1/64</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 Am 1/7/85

Well opened at (hour, date): 11:00 Am 1/8/85

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>454</u>	<u>210</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>486</u>	<u>210</u>
Minimum pressure during test.....	<u>454</u>	<u>22</u>
Pressure at conclusion of test.....	<u>486</u>	<u>22</u>
Pressure change during test (Maximum minus Minimum).....	<u>+ 32</u>	<u>-198</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>11:00 Am</u> <u>1/9/85</u>	Total Time On Production	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 11:00 Am 1/10/85

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>510</u>	<u>515</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>510</u>	<u>543</u>
Minimum pressure during test.....	<u>75</u>	<u>515</u>
Pressure at conclusion of test.....	<u>75</u>	<u>543</u>
Pressure change during test (Maximum minus Minimum).....	<u>-435</u>	<u>+28</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date) <u>11:00 Am</u> <u>1/11/85</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: JAN 29 1985 19
Oil Conservation Division

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

Operator Gulf Oil Corporation

By J.W. Harbino

Title Well Tester

Date 1/11/85

RECEIVED

JAN 22 1985

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