NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator _____ Lease _____

Location of Well: Unit _____ Sec. _____ Twp. _____ Rge. _____ County _____

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbg. or Csg.)	Choke Size
Upper Compl.					
Lower Compl.					

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

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 _____

Oil Production During Test: _____ Bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks _____

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 _____

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 _____ 19 _____

New Mexico Oil Conservation Commission

By _____

Title _____

Operator _____

By _____

Title _____