

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.	
Location of Well		Unit	Sec	Range	County
Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod (Flow or Lift)	Prod. Medium (Tbg or Csg)	Choke Size
Upper Comp					
Lower Comp					

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.....		X
Pressure at beginning of test.....		
Stabilized? (Yes or No).....	Yes	Yes
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?.....		Decrease
Well closed at (hour, date):	Total Time On Production	
Oil Production During Test: 87 bbls; Grav. 48°	Gas Production	
	MCF; GOR	1.57

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).....	Yes	Yes
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?.....	Increase	Decrease
Well closed at (hour, date):	Total time on Production	
Oil Production During Test: 72 bbls; Grav. 41°	Gas Production	
	MCF; GOR	1.57

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

Operator _____
By _____
Title _____
Date _____