

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

SOUTH OF NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Chevron USA, Inc.</u>			Lease <u>F.J. Danglede</u>			Well No. <u>2</u>		
Location of Well		Unit <u>AN</u>	Sec <u>13</u>	Dep <u>22</u>	Rge <u>37</u>	County <u>Lea</u>		
Name of Reservoir or Pool				Type of Prod (Oil or Gas)	Method of Prod Flow, Art. Lift	Prod. Medium (Thg. or Gas)		Choke Size
Upper Compl	<u>Drunkard</u>			<u>Oil</u>	<u>Flow</u>	<u>Thg.</u>		<u>-</u>
Lower Compl	<u>Wants Granite Wash</u>			<u>Oil</u>	<u>Flow</u>	<u>Thg.</u>		<u>-</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4/22/87 9:00 AM

Well opened at (hour, date): 4/23/87 9:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>400</u>	<u>780</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>405</u>	<u>780</u>
Minimum pressure during test.....	<u>400</u>	<u>103</u>
Pressure at conclusion of test.....	<u>405</u>	<u>103</u>
Pressure change during test (Maximum minus Minimum).....	<u>+5</u>	<u>-677</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>4/24/87</u> <u>9:00 AM</u>	Total Time On Production <u>14 hours</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	; During Test _____ MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 4/25/87 9:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>415</u>	<u>825</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>415</u>	<u>825</u>
Minimum pressure during test.....	<u>395</u>	<u>805</u>
Pressure at conclusion of test.....	<u>395</u>	<u>805</u>
Pressure change during test (Maximum minus Minimum).....	<u>-20</u>	<u>-20</u>
Was pressure change an increase or a decrease?.....		<u>decrease</u>
Well closed at (hour, date): <u>4/26/87</u> <u>9:00 AM</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: MAY 29 1987 19

Oil Conservation Division

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Operator Chevron USA, Inc.By Jerry SextonTitle Production Specialist

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HOBBS OFFICE