STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Revised 10/1/78

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease			Well No.
Chevron USA Inc.			H.V. Pike			1
Location of Well	Unit	Sec	Twp	Rge		County
	B	6	23	38		Lea

	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	Blinebry	Oil	Flow	Tbg	24/64
Lower Compl	Tubb	Oil	Standing	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 Am 7/31/85

Well opened at (hour, date): 10:00 Am 8/1/85

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	436	0
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	436	0
Minimum pressure during test	62	0
Pressure at conclusion of test	62	0
Pressure change during test (Maximum minus Minimum)	-374	0
Was pressure change an increase or a decrease?	decrease	

Well closed at (hour, date): 10:00 Am 8/2/85 Total Time On Production 24 hrs

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

Remarks: Lower completion is standing

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date)		
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: AUG 14 1985 19____
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON

Title OIL & GAS INSPECTOR

Operator _____

By _____

Title _____

Date _____