

MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease			Well No. 6		
Location of Well	Unit	Sec	Twp	Rge	County			
	2	30	23 S	18 E	LLA			
	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	Castro Ebb. Bay	Oil	Art Lift	Tbg.	—			
Lower Compl	Castro Tubb Drifted	Oil	Flow	Tbg.	3 1/2"			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:30 P.M. JULY 1, 1968

Well opened at (hour, date): 1:30 P.M. JULY 2, 1968	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	175	550
Stabilized? (Yes or No).....	YES	
Maximum pressure during test.....	215	580
Minimum pressure during test.....	175	20
Pressure at conclusion of test.....	175	20
Pressure change during test (Maximum minus Minimum).....	40	560
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE
Well closed at (hour, date): 1:30 P.M. JULY 3, 1968	Total Time On Production	24 hours
Oil Production	Gas Production	
During Test: 14 bbls; Grav. 30; During Test	65 MCF; GOR	4.5
Remarks TUBING SEAL FAILED, DRIFTED TO 30" H. PAUSE, REPAIRS. NO PROD. IN SAME FORMING.		

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 A.M. JULY 4, 1968	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	200	550
Stabilized? (Yes or No).....	YES	
Maximum pressure during test.....	200	635
Minimum pressure during test.....	20	500
Pressure at conclusion of test.....	20	600
Pressure change during test (Maximum minus Minimum).....	180	65
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE
Well closed at (hour, date): 8:30 A.M. JULY 5, 1968	Total time on Production	24 hours
Oil Production	Gas Production	
During Test: 13 bbls; Grav. 37; During Test	51 MCF; GOR	6.5
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 _____