

NEW MEXICO OIL CONSERVATION COMMISSION
SO LAST NEW MEXICO PACKER LEAKAGE ST

Operator Sinclair Oil & Gas Company			Lease M. H. Harrison "D" WN			Well No. 4	
Location of Well	Unit L	Sec 29	Twp 24S	Rge 37	County 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	Jalnat		Gas	Flow	Csg.	22/64"	
Lower Compl	Langlie-Mattix		Gas	Flow	Tbg.	32/64"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3:30 P.M. 2-11-65

	Upper Completion	Lower Completion
Well opened at (hour, date): 10:20 2-12-65		
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	490	40
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	495	40
Minimum pressure during test.....	490	0
Pressure at conclusion of test.....	490	0
Pressure change during test (Maximum minus Minimum).....	5	40
Was pressure change an increase or a decrease?.....	Decrease	Decrease
Well closed at (hour, date): 12:40 P.M. 2-12-65	Total Time On Production 2 hrs. 20 mins.	
Oil Production	Gas Production	
During Test: 0 bbls; Grav. _____	During Test TSTM MCF; GOR _____	
Remarks Well died in 10 minutes.		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 4:10 P.M. 2-12-65		
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	490	10
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	490	10
Minimum pressure during test.....	315	10
Pressure at conclusion of test.....	315	10
Pressure change during test (Maximum minus Minimum).....	175	0
Was pressure change an increase or a decrease?.....	Decrease	-
Well closed at (hour, date) 7:40 P.M. 2-12-65	Total time on Production 3 hrs. 30 mins.	
Oil Production	Gas Production	
During Test: 0 bbls; Grav. _____	During Test 146 MCF; GOR _____	
Remarks Rate 1,000 MCFPD		

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 _____ Operator Sinclair Oil & Gas Company
W.F. Burns

By _____
Title _____

Title Superintendent
Date 2-15-65