

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Gulf Oil Corporation			Lease W. A. Ramsay (NCT-C)			Well No. 3	
Location of Well	Unit L	Sec 36	Twp 24-S		Rge 37-E	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	North Justis - Fusselman		Oil	Pump	Tbg		3/4" WO
Lower Compl	North Justis - Elzenburger		Oil	Pump	Tbg		3/4" WO
Middle Compl	North Justis - McKee		Oil	Flow	Tbg		25/64"
FLOW TEST NO. 1							

Both zones shut-in at (hour, date): 10:00 A.M., 4-15-64			Middle	
Well opened at (hour, date): 10:00 A.M., 4-16-64			Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			X	
Pressure at beginning of test.....			327	856
Stabilized? (Yes or No).....			Logging	Building
Maximum pressure during test.....			327	1053
Minimum pressure during test.....			63	856
Pressure at conclusion of test.....			63	1053
Pressure change during test (Maximum minus Minimum).....			264	197
Was pressure change an increase or a decrease?.....			Dec	Inc
Well closed at (hour, date): 10:00 A.M., 4-17-64			Total Time On Production 24	
Oil Production During Test: 95 bbls; Grav. 37.5 ;			Gas Production During Test 45 MCF; GOR 474	
Remarks				

FLOW TEST NO. 2			Middle	
Well opened at (hour, date): 10:00 A.M., 4-18-64			Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			X	
Pressure at beginning of test.....			336	1053
Stabilized? (Yes or No).....			Logging	Building
Maximum pressure during test.....			336	1053
Minimum pressure during test.....			265	38
Pressure at conclusion of test.....			265	38
Pressure change during test (Maximum minus Minimum).....			71	1015
Was pressure change an increase or a decrease?.....			Dec	Dec
Well closed at (hour, date): 10:00 A.M., 4-19-64			Total time on Production 24	
Oil Production During Test: 16 bbls; Grav. 43.4 ;			Gas Production During Test 17 MCF; GOR 1063	
Remarks 0 BW Triple completion, Flow Test #3 on page #2				

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 _____

By _____

Title _____

Title _____

Date _____

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