

FLOW TEST NO. X23

Closed in
Well ~~XXXXXX~~ (hour, date): 8:00 AM, 4-13-64 to 8:00 AM, 4-17-64
Zones 1,2 Flowing
Indicate by (X) the zone ~~XXXXXX~~ on test. X

	Upper Completion (1)	(2)	Lower Completion (3)
Pressure at beginning of test.....	<u>1340</u>	<u>1580</u>	<u>720</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>No</u>	<u>Yes</u>
Maximum pressure during test.....	<u>1340</u>	<u>1580</u>	<u>720</u>
Minimum pressure during test.....	<u>1220</u>	<u>1540</u>	<u>720</u>
Pressure at conclusion of test.....	<u>1340</u>	<u>1530</u>	<u>720</u>
Pressure change during test (Maximum minus Minimum).....	<u>120</u>	<u>40</u>	<u>none</u>
Was pressure change an increase or a decrease?.....	<u>Dec.</u>	<u>Inc.</u>	<u>none</u>

Well closed at (hour, date) _____ Total time on
Oil Production _____ Production _____
During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks No Allowable

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 Amerada Petroleum Corporation
By B. G. McLean
Title Asst. Dist. Supt.
Date May 6, 1964

