Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Thergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Revised 1-1-89

INSTRUCTIONS ON REVERSE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Earl R. Bruno				Carlson B25		Well Na
ocation f Well	Unit P	.Sec. 25	Twp 25S	Rge 37E	County	<u>0</u>
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
ompl	Justis Bl	inehry	Oil	Art. Lift	TB6	2"
Compl	Justis Fu	selman	011	Art. Lift	TB6	2"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4:30 PM 6-19-92		
Well opened at (hour, date): 4:30 PM 6-20-92	Upper Completion	Lower Completion
Indicate by (X) the zone producing	<u> </u>	
Pressure at beginning of test.		
Stabilized? (Yes or No)		
Maximum pressure during test		
Minimum pressure during test		
Pressure at conclusion of test	50	
Pressure change during test (Maximum minus Minimum)	50	
Was pressure change an increase or a decrease?		
Well closed at (hour, date): 4:30 PM 6-21-92 Total Time On Production Gas Production		
During Test 9 bbls; Grav. 37.8 During Test 118	MCF; GOR	13111
Remarks		
Well opened at (hour, date): 5:30 PM 6-22-92	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test		0
Stabilized? (Yes or No)		Yes
Maximum pressure during test		120
Minimum pressure during test		. 0
Pressure at conclusion of test		120
Pressure change during test (Maximum minus Minimum)		120
Was pressure change an increase or a decrease?		Increase
Well closed at (hour, date) 4:30 PM 6-23-92 Total time on Production 2:	3	Increase
During Test: 20 hble: Gray 27 6	F; GOR 900	
Remarks		
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge OIL CONS	SERVATION DI	VISION
Operator Date Approved		//
Signature By By	USA Son	/
J.E. Grav Engineer Title	* y	
Title 6/25/92 915-685-0113 Date Telephone No.		Navie -
Transfer (10.		

Both zones shut-in at (hour, date): 4J PM 6-19-92			
Well opened at (hour, date): 4:30 PM 6-20-92		Upper Completion	Lower Completion
Indicate by (X) the zone producing	X		
Pressure at beginning of test.			
Stabilized? (Yes or No)			
Maximum pressure during test			
Minimum pressure during test	•••••	50	
Pressure at conclusion of test	50		
Pressure change during test (Maximum minus Minimum)			
Was pressure change an increase or a decrease?		Decrease	-
Well closed at (hour, date): 4:30 PM 6-21-92 Oil Production	24 hours	-	
During Test: 9 bbls; Grav. 37.8 During Test	118	MCF; GOR	13111
Remarks			
Well opened at (hour, date): 5:30 PM 6-22-92	ST NO. 2	Upper Completion	Lower
ndicate by (X) the zone producing	Completion	Completion	
ressure at beginning of test.			X
tabilized? (Yes or No)	***************************************		
faximum pressure during test	•••••••••••••••••••••••••••••••••••		Yes
finimum pressure during test.	***************************************		120
ressure at conclusion of test.			0
ressure change during test (Maximum mmus Minimum).	*************************		120
as pressure change an increase or a decrease?			120
'ell closed at (hour, date) (-20 p)	lotal time on		Increase
4 DICIDICOON	Production 23		
bols; Grav. 37.6; During Test	MCF	GOR 900	
marks			
OPERATOR CERTIFICATE OF			
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the hear of mation contained herein is true			
and completed to the best of my knowledge	OILCONS	ERVATION D	IVISION
Operator	Date Approved _	_	
- 1. E. Man			
(H. C. Marian	Ву		
Printed Name Title	Title		
Date 915-685-0113 Telephone No.			
fi			