

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

OIL CONSERVATION DIVISION

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator ARCO OIL AND GAS COMPANY			Lease JIM CAMP WN			Well No. 2
Location of Well	Unit E	Sec. 6	Twp 24S	Rge 37E	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	JALMAT GAS ^{T-V-SR}		GAS	FLOW	CSG	OPEN
Lower Compl	LANGLIE MATTIX-SR-QN-GA		OIL	ART LIFT	TBG	OPEN

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4/26/89 8:30 a.m.

Well opened at (hour, date): 4/27/89 8:30 a.m.

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
.....	X	
Pressure at beginning of test.....	134	156
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	134	156
Minimum pressure during test.....	47	156
Pressure at conclusion of test.....	47	156
Pressure change during test (Maximum minus Minimum).....	-87	NO CHANGE
Was pressure change an increase or a decrease?.....	DECREASE	NO CHANGE

Well closed at (hour, date): 4/27/89 1:30 p.m. Total Time On Production 5 hrs

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test 28.9 MCF; GOR _____

Remarks ANNUAL TEST AND AFTER WORKOVER

FLOW TEST NO. 2

Well opened at (hour, date): 4/28/89 8:30 a.m.

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
.....		X
Pressure at beginning of test.....	127	148
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	127	148
Minimum pressure during test.....	127	38
Pressure at conclusion of test.....	127	38
Pressure change during test (Maximum minus Minimum).....	NO CHANGE	-110
Was pressure change an increase or a decrease?.....	NO CHANGE	DECREASE

Well closed at (hour, date): 4/28/89 1:30 p.m. Total time on Production 5 hrs

Oil production _____ Gas Production _____

During Test: 2.6 bbls; Grav. _____; During Test .9 MCF; GOR 346

Remarks ANNUAL TEST AND AFTER WORKOVER

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

ARCO OIL AND GAS COMPANY

Operator

David M. Darr

Signature

DAVID M. DARR, Engineering Technician

Printed Name

Title

5/1/89

392-3551

Date

Telephone No.

OIL CONSERVATION DIVISION

MAY 10 1989

Date Approved _____

By _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

RECEIVED

MAY 8 1989

OCD
HOBBS OFFICE