This form is not to be used
For reporting Packer Leakage
Test in Northwest New Mexico

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST
Revised 11/23/11

Well API # ____________________________
Well Name & No. ________________________

Location Of Well: Unit __________ Section ___________ Township ___________ Range ___________ County __________

Name of Reservoir or Pool ____________
Type of Prod. (Oil or Gas) ____________
Method of Prod. (Flow Art. Lift) ____________
Prod. Medium (Tbg. Or Cag.) ____________
Choke Size ____________

Upper Completion

Lower Completion

FLOW TEST NO. 1

Both zones shut-in at (hour, date): __________________________________________________________________________

Upper Completion

Well opened at (hour, date): ____________________________

Lower Completion

Indicate by (X) the zone producing…………………………………………………………………………………………..

Pressure at beginning of test……………………………………………………………………………………………………

Stabilized? (Yes or No)………………………………………………………………………………………………………………

Maximum pressure during test……………………………………………………………………………………………………

Minimum pressure during test……………………………………………………………………………………………………

Pressure at conclusion of test……………………………………………………………………………………………………

Pressure change during test (Maximum minus Minimum)……………………………………………………………………

Was pressure change an increase or a decrease?……………………………………………………………………………………

Total Time On

Well closed at (hour, date): ____________________________

Production

Oil Production ____________

Gas Production ____________

During Test: ____________ bbls; Grav. ____________; During Test ____________ MCF; GOR

Remarks: _____________________________________________________________________________________________

_____________________________________________________________________________________________________

FLOW TEST NO. 2

Both zones shut-in at (hour, date): __________________________________________________________________________

Upper Completion

Well opened at (hour, date): ____________________________

Lower Completion

Indicate by (X) the zone producing……………………………………………………………………………………………..

Pressure at beginning of test……………………………………………………………………………………………………

Stabilized? (Yes or No)………………………………………………………………………………………………………………

Maximum pressure during test……………………………………………………………………………………………………

Minimum pressure during test……………………………………………………………………………………………………

Pressure at conclusion of test……………………………………………………………………………………………………

Pressure change during test (Maximum minus Minimum)……………………………………………………………………

Was pressure change an increase or a decrease?……………………………………………………………………………………

Total Time On

Well closed at (hour, date): ____________________________

Production

Oil Production ____________

Gas Production ____________

During Test: ____________ bbls; Grav. ____________; During Test ____________ MCF; GOR

Remarks: _____________________________________________________________________________________________

_____________________________________________________________________________________________________

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

Approved ____________________________ Operator ____________________________

New Mexico Oil Conservation Division

By ____________________________ Title ____________________________

By ____________________________ Title ____________________________

Title ____________________________ E-mail Address ____________________________

Date ____________________________