

NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Texaco Inc</u>			Lease <u>New Mexico Oil Service (Lease)</u>			Well No. <u>20</u>	
Location of Well	Unit <u>E</u>	Sec <u>36</u>	Twp <u>17</u>	Rge <u>34</u>	County <u>Lea</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	
Upper Compl	<u>Vacuum Clavita</u>		<u>OIL</u>	<u>rod pump</u>	<u>Csg</u>	<u>-</u>	
Lower Compl	<u>Vacuum Blinberry</u>		<u>ASD Hold for special casing string</u>				

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 8-16-72

Well opened at (hour, date): <u>9:00 AM 8-17-72</u>	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>640</u>	<u>120</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>yes</u>
Maximum pressure during test.....	<u>640</u>	<u>120</u>
Minimum pressure during test.....	<u>60</u>	<u>120</u>
Pressure at conclusion of test.....	<u>60</u>	<u>120</u>
Pressure change during test (Maximum minus Minimum).....	<u>580</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>No change</u>
Well closed at (hour, date): <u>2:30 PM 8-17-72</u>	Total Time On Production <u>5 hrs 30 min</u>	
Oil Production During Test: <u>5</u> bbls; Grav. <u>37.2</u>	Gas Production During Test <u>34.2</u> MCF; GOR <u>6830</u>	

Remarks \_\_\_\_\_

FLOW TEST NO. 2

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

Remarks Aborted as a result of test

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

Approved SEP 11 1972 19  
New Mexico Oil Conservation Commission

By \_\_\_\_\_  
Title Dist. 1, Supv.

Operator TEXACO Inc.  
By [Signature]  
Title ASST. DIST. ENGINEER  
Date 9-6-72

