

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

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>TEXACO EXPLORATION & PROD. INC.</u>				Lease <u>B.F. HARRISON "B"</u>		Well No. <u>23</u>	
Location of Well	Unit <u>F</u>	Soc. <u>9</u>	Twp <u>23</u>	Rge <u>37 E</u>	County <u>LEA</u>		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Og. or Csg.)	Choke Size	
Upper Compl	<u>BLINEBRY</u>		<u>GAS</u>	<u>PLUNGER LIFT</u>	<u>TBG</u>	<u>2"</u>	
Lower Compl	<u>ABO DRINKARD</u>		<u>OIL</u>	<u>PLUNGER LIFT</u>	<u>TBG</u>	<u>2"</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 4/28/98

Well opened at (hour, date): 9:00 AM 4/29/98

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): 9:00 AM 4/30/98

Oil Production

During Test: 3 bbls; Grav. 45.0

Gas Production

During Test 29

Total Time On
Production

24 HRS

MCF; GOR

9667

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 AM 5/1/98

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): 9:00 AM 5/2/98

Oil production

During Test: 21 bbls; Grav. 45.0

Gas Production

During Test 22

Total time on
Production

24 HRS

MCF; GOR

1047

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

TEXACO E & P, INC.

Operator

Augustine S. Venegas

Signature

AUGUSTINE S. VENE GAS

Printed Name

WELL TECH

Title

5/3/98

505-394-3411

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title