

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

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease MITTIE WATKINS		Well No. 4	
Location of Well	Unit E	Sec 17	Twp 21S	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	EUMONT GAS		GAS	FLOW	Tbg	1"
Lower Compl	PENROSE SELL		GAS	FLOW	Tbg	1"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 9-9-74

Well opened at (hour, date): 8:00 AM 9-10-74 Upper Completion Lower Completion

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

Pressure at beginning of test..... psi 63 285

Stabilized? (Yes or No)..... yes yes

Maximum pressure during test psi 63 285

Minimum pressure during test..... psi 60 275

Pressure at conclusion of test..... psi 60 280

Pressure change during test (Maximum minus Minimum).... psi 3 10

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

Well closed at (hour, date): 1:00 PM 9-10-74 Total Time On Production 5 hrs.

Oil Production Gas Production

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

Remarks The pressure is less than the gas line pressure

FLOW TEST NO. 2

Well opened at (hour, date): 8:00 AM 9-11-74 Upper Completion Lower Completion

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

Pressure at beginning of test..... psi 63 285

Stabilized? (Yes or No)..... psi yes yes

Maximum pressure during test..... psi 63 285

Minimum pressure during test..... psi 63 140

Pressure at conclusion of test..... psi 63 140

Pressure change during test (Maximum minus Minimum).... psi — 145

Was pressure change an increase or a decrease?..... — decrease

Well closed at (hour, date) 2:00 PM 9-11-74 Total time on Production 6 hrs.

Oil Production Gas Production

During Test: 7 bbls; Grav. 34.3 ; During Test 312 MCF; GOR 44,571

Remarks

ANNUAL ZONE Segregation TEST

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

Approved _____ 19 _____ Operator **TEXACO Inc.**

New Mexico Oil Conservation Commission By _____

By _____ Title _____

Title _____ Date _____

