

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 <u>Texaco Inc</u>			Lease <u>New Mexico "O" State (NCT-1)</u>			Well No. <u>11</u>	
Location of Well	Unit <u>F</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 Abo North</u>		<u>oil</u>	<u>Rod Pump</u>	<u>Tbg</u>	<u>-</u>	
Lower Compl	<u>Vacuum Wolfcamp</u>		<u>oil</u>	<u>Shut In</u>	<u>Csg</u>	<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 9-17-84

Well opened at (hour, date): <u>8:00 AM 9-18-84</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>55</u>	<u>70</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>55</u>	<u>80</u>
Minimum pressure during test.....	<u>5</u>	<u>70</u>
Pressure at conclusion of test.....	<u>20</u>	<u>80</u>
Pressure change during test (Maximum minus Minimum).....	<u>50</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>increase</u>
Well closed at (hour, date): <u>2:00 PM 9-18-84</u>	Total Time On Production	<u>6 hrs</u>
Oil Production	Gas Production	
During Test: <u>6</u> bbls; Grav. <u>37.7</u> ;	During Test <u>19.6</u>	MCF; GOR <u>3269</u>
Remarks <u>ANNUAL zone Segregation Test</u>		
<u>Vacuum Wolfcamp Shut In</u>		

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	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 OCT 30 1984
 New Mexico Oil Conservation Commission
 By Eddie W. [Signature]
 Title Oil & Gas Inspector

Operator TEXACO Inc.
 By [Signature]
 Title Assistant District Manager
 Date October 3, 1984