

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>CH Well B</u>			Well No. <u>10</u>
Location of Well	Unit <u>P</u>	Sec <u>11</u>	Twp <u>20</u>	Rge <u>57</u>	County <u>Lin</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>Well Drilling East</u>		<u>Oil</u>	<u>Flow</u>	<u>Csg</u>	<u>2 1/4</u>
Lower Compl	<u>Well Drilling</u>		<u>Oil</u>	<u>* 2 1/2 in</u>	<u>Csg</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:30 pm 1-5-76

Well opened at (hour, date): 9:30 am 1-6-76

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>950</u>	<u>1500</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>Yes</u>
Maximum pressure during test.....	<u>120</u>	<u>1500</u>
Minimum pressure during test.....	<u>50</u>	<u>1500</u>
Pressure at conclusion of test.....	<u>50</u>	<u>1500</u>
Pressure change during test (Maximum minus Minimum).....	<u>-400</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	

Well closed at (hour, date): 1:00 pm 1-7-76 Total Time On Production 5 hours

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: 5 bbls; Grav. 35; During Test 50 MCF; GOR 10 000

Remarks \* See...

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 19 Bja  
New Mexico Oil Conservation Commission

Operator \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_