

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 C.C. FRISTOE 'B' FEDERAL NCT-2			Well No. 10	
Location of Well	Unit P	Sec 26	Twp 24	Rge 37	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	JUSTIS BLINEBRY		OIL	Flow	Csg		
Lower Compl	JUSTIS TUBB-DRINKARD		OIL	Flow	Csg		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM 3-8-76

Well opened at (hour, date): 9:30 AM 3-9-76

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	440	405
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	440	410
Minimum pressure during test.....	55	405
Pressure at conclusion of test.....	55	410
Pressure change during test (Maximum minus Minimum).....	-385	+ 5
Was pressure change an increase or a decrease?.....	DECREASE	INCREASE

Well closed at (hour, date): 1:00 PM 3-9-76

Oil Production _____ Gas Production _____

During Test: 2 bbls; Grav. 35.8 ; During Test 12 MCF; GOR 6000

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM 3-10-76

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	275	400
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	295	400
Minimum pressure during test.....	275	50
Pressure at conclusion of test.....	295	50
Pressure change during test (Maximum minus Minimum).....	+20	-350
Was pressure change an increase or a decrease?.....	INCREASE	DECREASE

Well closed at (hour, date): 2:30 PM 3-10-76

Oil Production _____ Gas Production _____

During Test: 1 bbls; Grav. 36.2 ; During Test 1 MCF; GOR 1000

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 _____

New Mexico Oil Conservation Commission

Operator TEXACO INC

By _____

Title ASST. DIST. SUPT.

Date 3-22-76

By _____

Title _____