

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 & Production Inc.</u>			Lease <u>TEXACO Cities Service ST.</u>			Well No. <u>1</u>		
Location of Well	Unit <u>G</u>	Sec. <u>32</u>	Twp <u>19 S</u>	Rge <u>32 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 (Tbg. or Csg)	Choke Size		
Upper Compl	<u>LUSH STRAWN</u>		<u>GAS</u>	<u>Flow</u>	<u>Tbg</u>	<u>open</u>		
Lower Compl	<u>LUSH MORROW</u>		<u>GAS</u>	<u>SI</u>	<u>Tbg</u>	<u>—</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:25 A.m. 9-27-94

Well opened at (hour, date): 8:35 A.m. 9-28-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>0</u>	<u>1150</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>1150</u>
Minimum pressure during test.....	<u>0</u>	<u>1150</u>
Pressure at conclusion of test.....	<u>0</u>	<u>1150</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>neither</u>	<u>neither</u>

Well closed at (hour, date): 8:30 am 9-29-94 Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. — Gas Production During Test 0 MCF; GOR —

Remarks MORROW S.I. STRAWN Produced 1 day a month after swr

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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 During Test: bbls; Grav. ; Gas Production During Test MCF; GOR

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

Juan G. Cano

Signature

JUAN G. CANO

Printed Name

Well Tester

Title

9-30-94

Date

397-3571

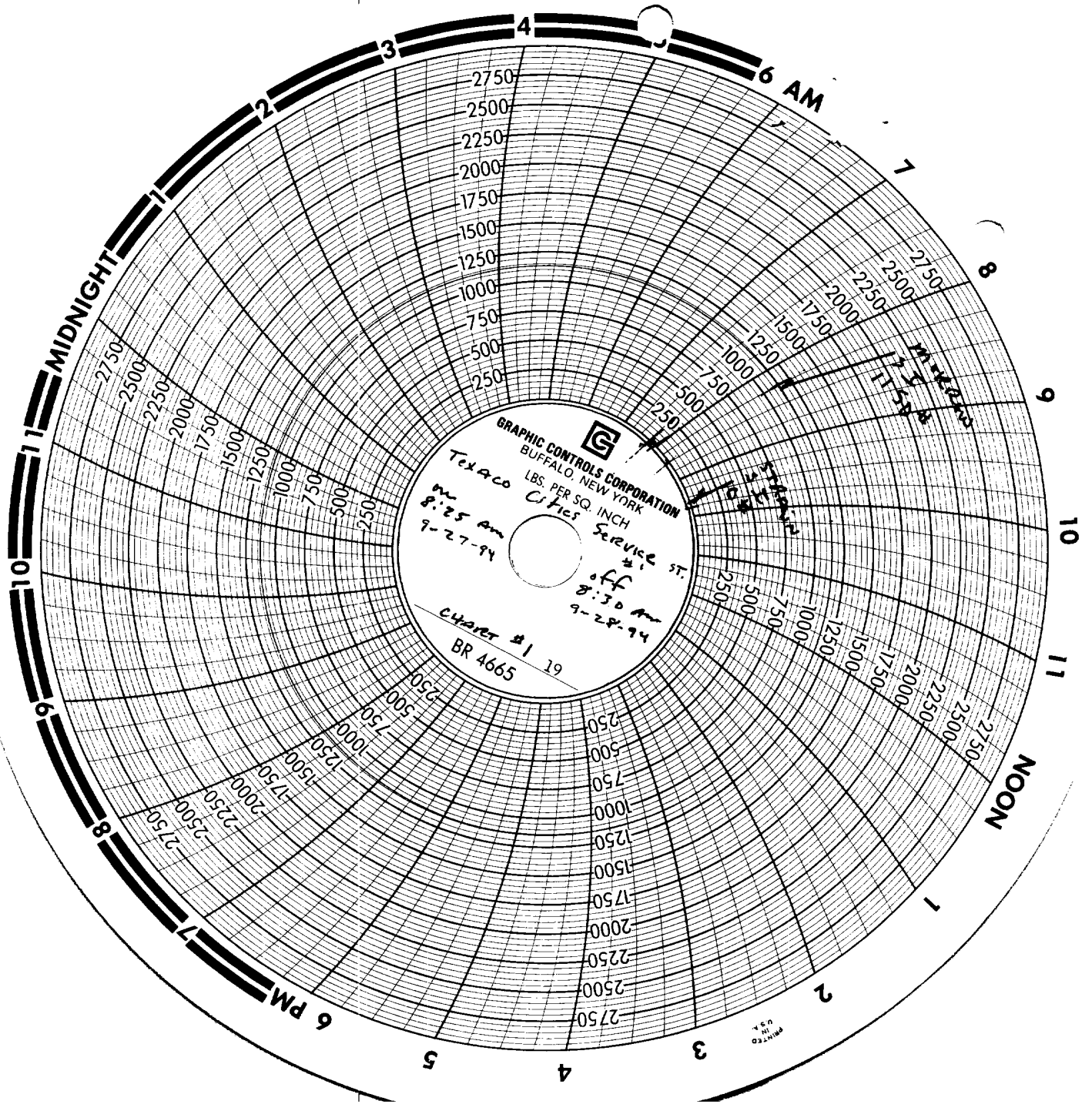
Telephone No.

OIL CONSERVATION DIVISION

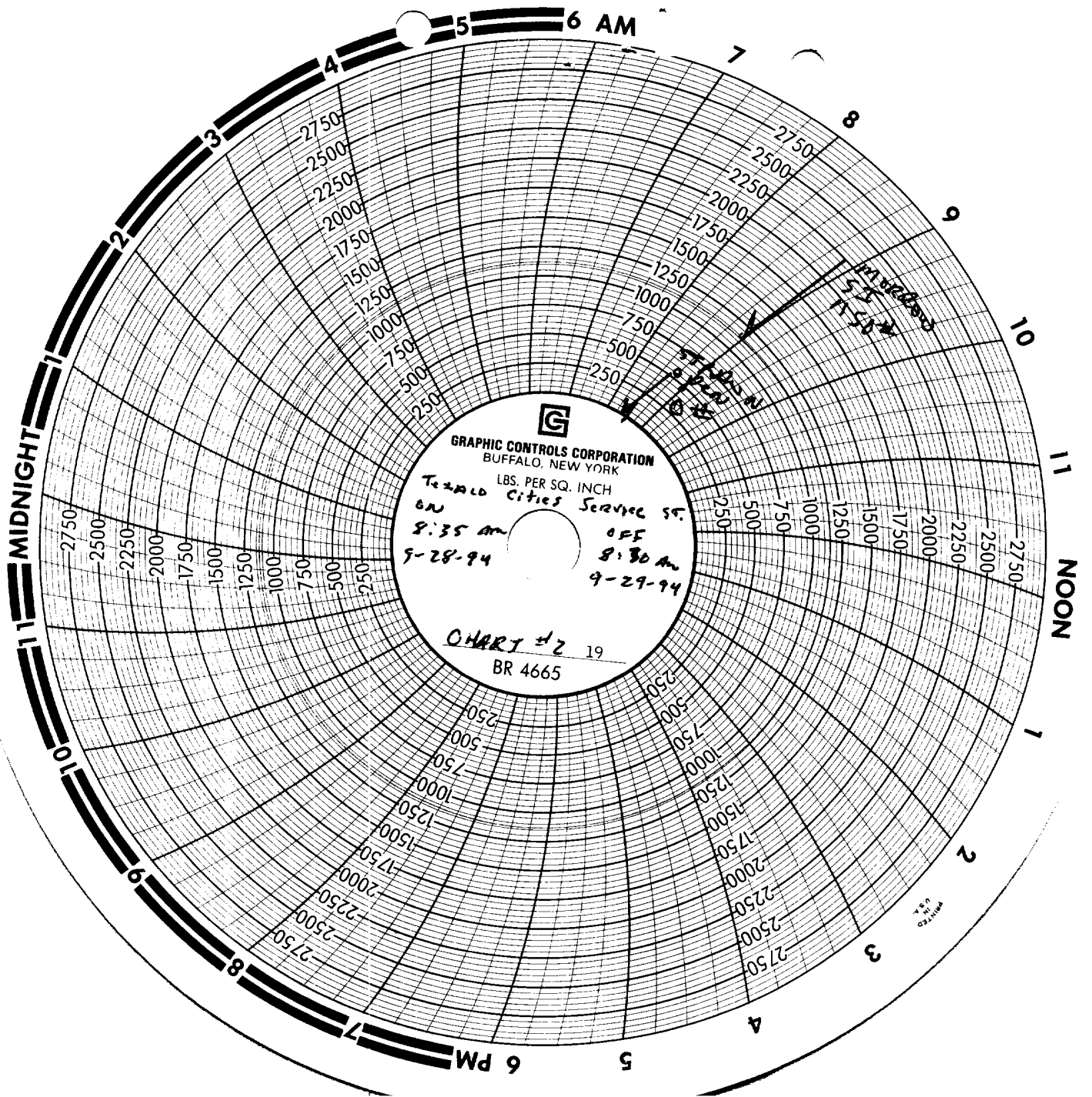
Date Approved OCT 03 1994

By

Title



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LBS. PER SQ. INCH
Texaco Cities Service
8:25 am
9-27-94
off
8:30 am
9-28-94
Character #1
BR 4665



RECEIVED

SEP 30 1994

**JOHN F. BROWN
OFFICE**