

NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Texaco Inc			Lease		Texaco Shellstate		Well No.		1	
Location of Well		Unit	Sec	Twp	Rge	County						
		J	25	17	34	Lm						
		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		Vacuum Abs Work			ASD Hold	Self-priming casing		casing				
Lower Compl		Vacuum (Wellbore - Pump-out)			oil	Rod Pump		Cs		-		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 8-7-73

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10:00 AM 8-8-73</u>		
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	0	175
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	0	175
Minimum pressure during test.....	0	25
Pressure at conclusion of test.....	0	35
Pressure change during test (Maximum minus Minimum).....	0	150
Was pressure change an increase or a decrease?.....	no change	decrease
Well closed at (hour, date): <u>2:15 PM 8-8-73</u>	Total Time On Production <u>4 hrs 15 min</u>	
Oil Production During Test: <u>3</u> bbls; Grav. <u>39.9</u>	Gas Production During Test <u>5.6</u> MCF; GOR <u>1853</u>	
Remarks <u>Abandon zone - Pump-out</u>		

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		

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

Approved \_\_\_\_\_ 19 \_\_\_\_ nm  
New Mexico Oil Conservation Commission

Operator Texaco Inc.  
By [Signature]

By \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_

Title Test Unit Sup  
Date \_\_\_\_\_

