

NF MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Texaco Inc</u>			Lease <u>Texaco Shell 5112</u>			Well No. <u>1</u>	
Location of Well	Unit <u>J</u>	Sec <u>25</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 Abc North</u>		<u>ASD</u>	<u>Held for space casing strings</u>			
Lower Compl	<u>Vacuum Workcamp - Penn (downhole cemented)</u>		<u>oil</u>	<u>Rod Pump</u>	<u>Csg</u>	<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:30 AM 9-26-72

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>7:30 AM 9-27-72</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>75</u>	<u>340</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>75</u>	<u>340</u>
Minimum pressure during test.....	<u>75</u>	<u>10</u>
Pressure at conclusion of test.....	<u>75</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>330</u>
Was pressure change an increase or a decrease?.....	<u>No change</u>	<u>decrease</u>
Well closed at (hour, date): <u>3:15 PM 9-27-72</u>	Total Time On Production <u>7 hrs 45 min</u>	
Oil Production	Gas Production	
During Test: <u>10</u> bbls; Grav. <u>38.8</u> ;	During Test <u>13.3</u> MCF; GOR <u>1333</u>	
Remarks _____		

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	Gas Production	
During Test: _____ bbls; Grav. _____ ;	During Test _____ MCF; GOR _____	
Remarks <u>Annual Zone Segregation Test</u>		

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

By _____

Operator TEXACO Inc.
By [Signature]
Title Asst. Dist. Supt.

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FILED CONSIDERATION OF CASE
JULY 14, 1964