

This form is 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>North Vacuum Abo West Unit</u>			Well No. # <u>6</u>	
Location of Well	Unit <u>H</u>	Sec <u>21</u>	Twp <u>17-S</u>	Rge <u>34-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>Vacuum Grayburg San Andres</u>		<u>oil</u>	<u>Red Pump</u>	<u>Tbg 2 1/4</u>	<u>-</u>	
Lower Compl	<u>North Vacuum Abo</u>		<u>Injection</u>	<u>Injection</u>	<u>-</u>	<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, te): 8:00 am 12-9-85

Well opened at (hour, date): 8:00 am 12-10-85

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>240</u>	<u>2800</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test	<u>240</u>	<u>2800</u>
Minimum pressure during test.....	<u>10</u>	<u>2600</u>
Pressure at conclusion of test.....	<u>10</u>	<u>2600</u>
Pressure change during test (Maximum minus Minimum).....	<u>230</u>	<u>200</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>decrease</u>

Well closed at (hour, date): 1:30 12-10-85 Total Time On Production 5 1/2 hrs

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks Tested to check repair of a tubing leak.

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 FEB 14 1986 19
New Mexico Oil Conservation Commission

Operator TEXACO Inc.
W. B. Loh

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT SUPERVISOR

Title District Operations Manager
December 13, 1985

REC-117

DEC 26 1985

O.C.D.
HOMES OFFICE