Submit 3 Copies to
Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

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			Lease		Well No.
Texaco E. & P. Inc.			C.H. Weir "B"		4
Location of Well: Unit I	Sec. 11	Twp 20 S	Rge 37 E	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	Weir Blinebry East & Skaggs Glorieta	Oil	Art. Lift	Tbg.	—
Lower Compl	Monument Tubb	Gas	Flow	Tbg.	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:38 A.m. 8-23-99

Well opened at (hour, date): 8:13 A.m. 8-24-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	10	100
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	10	100
Minimum pressure during test	10	15
Pressure at conclusion of test	10	15
Pressure change during test (Maximum minus Minimum)	0	85
Was pressure change an increase or a decrease?	neither	Decrease

Well closed at (hour, date): 8:10 A.m. 8-25-99 Total Time On Production 24 HRS

Oil Production During Test: — bbls; Grav. — Gas Production During Test 28 MCF; GOR —

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 8:05 A.m.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	100
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	20	100
Minimum pressure during test	0	100
Pressure at conclusion of test	0	100
Pressure change during test (Maximum minus Minimum)	20	0
Was pressure change an increase or a decrease?	decrease	neither

Well closed at (hour, date) 8:29 A.m. 8-27-99 Total time on Production 24 HRS

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

Remarks pumping side not pumping

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 Cano
Signature

Juan Cano Well Tech.
Printed Name Title

9-1-99 505-397-0493
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 9-10-99

By Gary W. Wink

Title GARY W WINK ~~FIELD REPRESENTATIVE II~~