

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 Exp + Prod Inc</u>		Lease <u>CH Weir B</u>		Well No. <u>4</u>	
Location of Well	Unit <u>I</u>	Sec. <u>11</u>	Twp <u>20S</u>	Rge <u>37E</u>	County <u>240</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>Weir Bly East Skye Glauk</u>	<u>Oil</u>	<u>Art lift</u>	<u>Tbg</u>	<u>—</u>
Lower Compl	<u>Momment Tubbs</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>	<u>8/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM

Well opened at (hour, date): 10:30 AM

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): 10:30 AM

Oil Production

During Test: _____ bbls; Grav. _____

Gas Production

During Test 50

Total Time On
Production

24 hrs

MCF; GOR _____

* Remarks T.H. 95

FLOW TEST NO. 2

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) _____

Oil production

During Test: _____ bbls; Grav. _____

Gas Production

During Test _____

Total time on
Production

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

Operator

Signature

Printed Name

Date

Title

Telephone No.

m8 OIL CONSERVATION DIVISION

Date Approved 9/11/98

By ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title _____