

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease V.M. Henderson			Well No. 5	
Location of Well	Unit B	Sec 30	Twp 21	Rge 37	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	Penrose Skelly		* Shut-in	-	Tbg	-	
Lower Compl	Paddock		oil	Art. Lift	Tbg	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:30 AM 6-4-73

Well opened at (hour, date): 11:30 AM 6-5-73

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....psi.....	245	215
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....psi.....	245	215
Minimum pressure during test.....psi.....	245	30
Pressure at conclusion of test.....psi.....	245	35
Pressure change during test (Maximum minus Minimum).psi.....	0	18.5
Was pressure change an increase or a decrease?.....	-	decrease
Well closed at (hour, date): 11:30 AM 6-6-73	Total Time On Production 24 hrs	
Oil Production	Gas Production	
During Test: 28 bbls; Grav. 36.6	During Test 19 MCF; GOR 680	
Remarks * Penrose Skelly is temporarily abandoned		

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		

Annual Zone Segregation Test

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
Orig. Signed By _____
By _____
Title _____

Operator TEXACO Inc.
By _____
Title ASST. DIST. SUPERINTENDENT
Date _____

1811-1812

1813-1814

1815-1816

1817-1818