

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>V.M. Henderson</u>			Well No. <u>10</u>		
Location of Well	Unit <u>D</u>	Sec. <u>30</u>	Twp <u>21 S</u>	Rge <u>37 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>Penrose Skelly</u>		<u>TRD</u>					
Lower Compl	<u>Paddock</u>		<u>Oil</u>	<u>ART. Lift</u>	<u>Tbg.</u>			

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	<u>7:50 A.M.</u>	<u>6/20/2001</u>		
Well opened at (hour, date):	<u>8:13 A.M.</u>	<u>6/21/2001</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....				<u>X</u>
Pressure at beginning of test.....			<u>24</u>	<u>52</u>
Stabilized? (Yes or No).....			<u>yes</u>	<u>no</u>
Maximum pressure during test.....			<u>24</u>	<u>52</u>
Minimum pressure during test.....			<u>21</u>	<u>33</u>
Pressure at conclusion of test.....			<u>21</u>	<u>33</u>
Pressure change during test (Maximum minus Minimum).....			<u>3</u>	<u>19</u>
Was pressure change an increase or a decrease?.....			<u>decrease</u>	<u>decrease</u>
Well closed at (hour, date):			Total Time On Production	<u>24 hrs</u>
Oil Production During Test:	<u>9</u> bbls; Grav. <u>34</u>	Gas Production During Test	<u>5</u>	MCF; GOR <u>2222/1</u>

Remarks _____

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 During Test:	_____ bbls; Grav. _____	Gas Production During Test	_____ 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

Texaco

Operator

Juan G. Cano

Signature

JUAN G. CANO

Printed Name

6/25/2001

Date

Well Tech.

Title

631-9096

Telephone No.

Oil CONSERVATION DIVISION

Date Approved

JUN 27 2001

By

Title

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

