

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

OIL CONSERVATION DIVISION

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>TEXACO E & P Inc</u>			Lease <u>L.R. Kershaw</u>			Well No. <u>9</u>		
Location of Well	Unit <u>B</u>	Sec. <u>13</u>	Twp <u>20^s</u>	Rge <u>37^e</u>	County <u>Deer</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>Monument Tubbs</u>		<u>oil</u>	<u>Art Lift</u>	<u>TBG</u>		<u>—</u>	
Lower Compl	<u>Shagg Drawhead</u>		<u>DIL</u>	<u>Flow</u>	<u>Csg</u>		<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 3-24-97

	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>8:30 AM 3-25-97</u>	
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>40</u>	<u>30</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>40</u>	<u>30</u>
Minimum pressure during test.....	<u>40</u>	<u>30</u>
Pressure at conclusion of test.....	<u>30</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....	<u>10</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Neither</u>
Well closed at (hour, date):	<u>8:30 AM 3-26-97</u>	Total Time On Production <u>24 Hrs</u>
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>36°</u>	During Test <u>2</u>	MCF; GOR <u>2</u>

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>8:30 AM 3-27-97</u>	
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>25</u>	<u>30</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>40</u>	<u>20</u>
Minimum pressure during test.....	<u>40</u>	<u>20</u>
Pressure at conclusion of test.....	<u>40</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Neither</u>	<u>Neither</u>
Well closed at (hour, date):	<u>8:30 AM 3-28-97</u>	Total time on Production <u>24 Hrs</u>
Oil production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>0</u>	During Test <u>0</u>	MCF; GOR <u>0</u>

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.

Oil CONSERVATION DIVISION

Date Approved APR 03 1997
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

Title

