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		Lease		Well No.
TEXACO INC.		E.H.B. Phillips "B"		1

Location of Well	Unit	Sec	Twp	Rge	County
	F	10	20	37	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	Monument Tubb	oil	Art. Lift	Csg.	—
Lower Compl	Skaggs Drinkard	oil	*Shut in	Csg.	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:15 P.M. (1-30-67)

	Upper Completion	Lower Completion
Well opened at (hour, date): 11:45 A.M. (1-31-67)		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	550 psi	0 psi
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	550 psi	0 psi
Minimum pressure during test	25 psi	0 psi
Pressure at conclusion of test	25 psi	0 psi
Pressure change during test (Maximum minus Minimum)	525 psi	0
Was pressure change an increase or a decrease?	decrease	—

Well closed at (hour, date): 11:00 A.M. (2-1-67) Total Time On Production 23 hrs. 15 min.

Oil Production During Test: 55 bbls; Grav. 38.6; Gas Production During Test 108 MCF; GOR 1964

Remarks *Drinkard zone 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 During Test: _____ bbls; Grav. _____; Gas Production 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 _____
New Mexico Oil Conservation Commission

By _____

Title _____

Operator TEXACO, INC

By _____

Title Asst. Dist. Supt.

Date