Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Revised 1-1-89

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			Lease		Well No.
Texaco E. & P. Inc.			M.B. Weir "B"		9
Location of Well: Unit	Sec.	Twp	Rge	County	
O	12	20 S	37 E	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	Weir Blinebry	O.I	T.A.	—	—
Lower Compl	Skaggs Drinkard	O.I	Plunger lift	Tubing	2"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:41 A.m. 2-24-2000

Well opened at (hour, date): 8:45 A.m. 2-25-2000

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		
Pressure at beginning of test	0	0
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	0	0
Minimum pressure during test	0	0
Pressure at conclusion of test	0	0
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?		

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 0 MCF; GOR _____

Remarks: Upper Zone T.A. Lower Zone Hole in Tubing

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 E. & P. Inc.
Operator

Juan G. Cano
Signature

Juan G. Cano — Well Tech.
Printed Name — Title

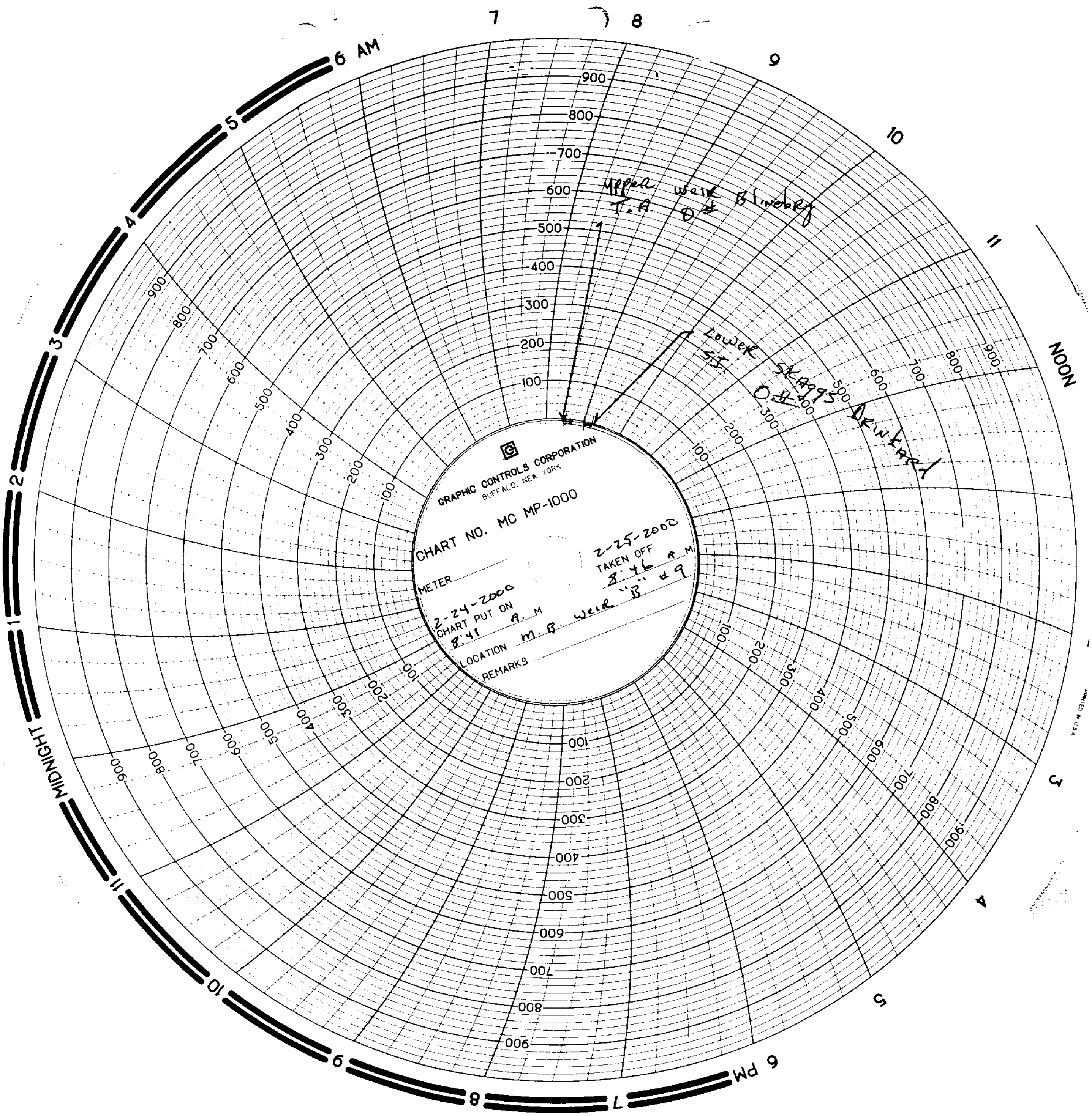
2-28-2000 — 505-397-0493
Date — Telephone No.

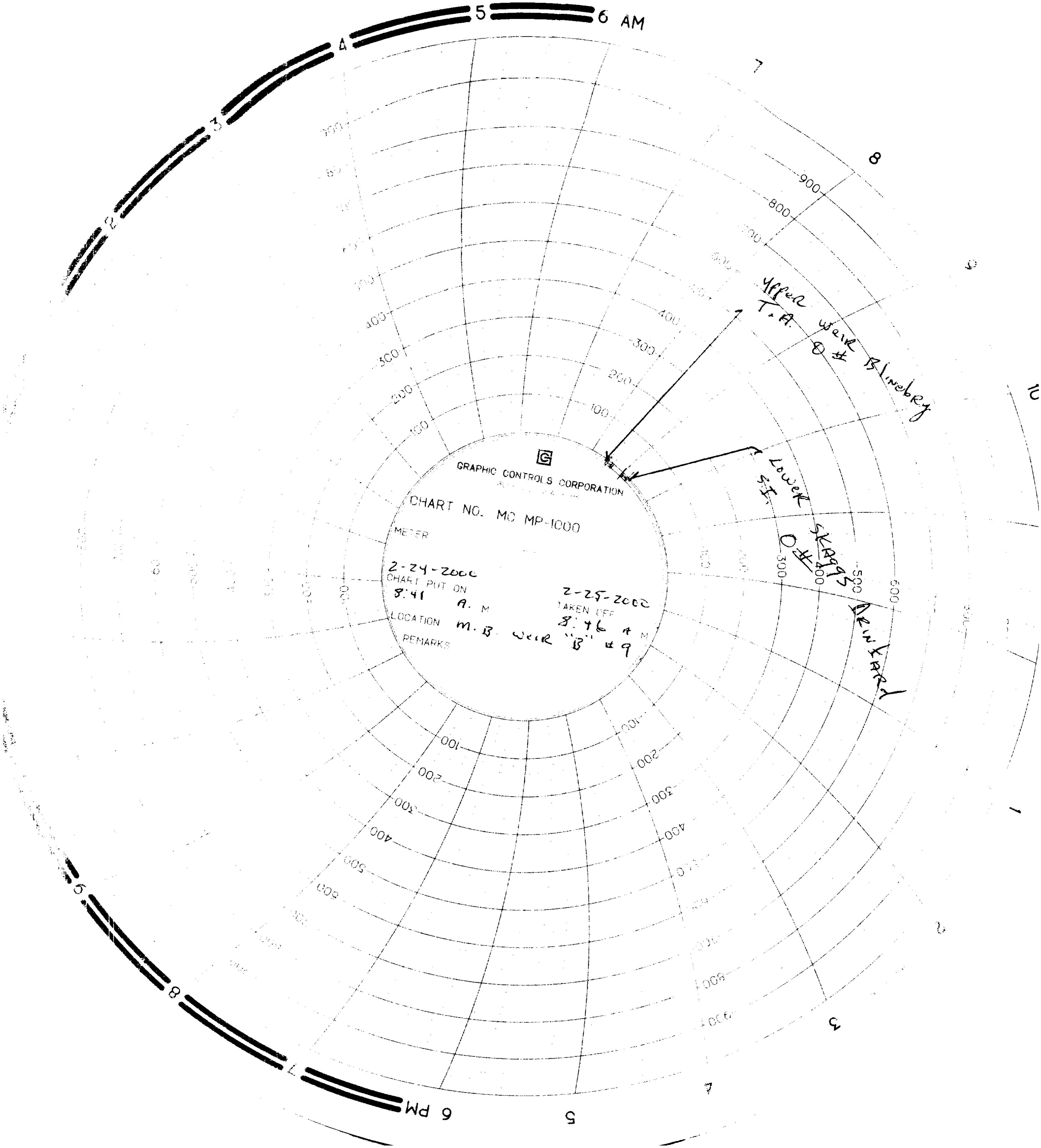
OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 2-24-2000 8:41 A. M
TAKEN OFF 2-25-2000 8:46 A M
LOCATION M.B. Weir "B" #9
REMARKS
Upper Weir Blueberry T.A. 0#
Lower S.T. Skaggs 0# Drinkard
6 AM
NOON
6 PM
MIDNIGHT


6 AM
7
8
9
10
6 PM
GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-1000
METER
2-24-2000
CHART PUT ON
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TAKEN OFF
8:46 A M
LOCATION M. B. Weir "B" #9
REMARKS
Upper T. A. Weir 0# Blinebry
Lower S.T. Skaggs 0# Drinkard


FEB 2000
Received