Copies to
priate 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	0.1	T. A.	—	—
Lower Compl	SKAGGS DRINKARD	0.1	Plunger Lift	Tubing	2"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:59 A.m. 2-23-99

Well opened at (hour, date): 9:15 A.m. 2-24-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
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?	—	neither

Well closed at (hour, date): 9:55 A.m. 2-25-99 Total Time On Production 24 HRS

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

	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 _____

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
Printed Name

Title

3-8-99
Date

505-397-0493
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 1 0 1999

By ORIGINAL SIGNED BY
FIELD REP. II

Title