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.		C.H. Weir "A"		10

Location of Well	Unit	Sec	Twp	Rge	County
	J	12	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	Skaggs Glorieta	oil	Art. Lift	Csg.	—
Lower Compl	Skaggs Drinkard	oil	Art Lift.	Csg.	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 A.M. (2-13-67)

	Upper Completion	Lower Completion
Well opened at (hour, date): 9:30 A.M. (2-14-67)		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	50 psi	320 psi
Stabilized? (Yes or No)	yes	No
Maximum pressure during test	70 psi	320 psi
Minimum pressure during test	50 psi	240 psi
Pressure at conclusion of test	70 psi	240 psi
Pressure change during test (Maximum minus Minimum)	20 psi	80 psi
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date): 9:30 A.M. (2-15-67) Total Time On Production 24 hrs.

Oil Production During Test: 3 bbls; Grav. 36.° ; Gas Production During Test — MCF; GOR TSTM

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 9:30 A.M. (2-16-67)		
Indicate by (X) the zone producing		X
Pressure at beginning of test	70 psi	160 psi
Stabilized? (Yes or No)	yes	No
Maximum pressure during test	150 psi	160 psi
Minimum pressure during test	70 psi	80 psi
Pressure at conclusion of test	150 psi	90 psi
Pressure change during test (Maximum minus Minimum)	80 psi	80 psi
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date) 9:15 A.M. (2-17-67) Total time on Production 23 hrs. 45 min.

Oil Production During Test: 32 bbls; Grav. 38.° ; Gas Production During Test 45 MCF; GOR 1406

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 _____