

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO INC			Lease C. H. Weir "A"			Well No. 10		
Location of Well		Unit PJ	Sec 12	Twp 20-5	Rge 37-E	County LCA		
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 Comp SKAGGS GLORIETA			oil	Pump		Csg		—
Lower Comp SKAGGS DRINKARD			oil	Pump		Csg		—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:30 P.M. 2-8-65

Well opened at (hour, date): 10:55 A.M. 2-9-65	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	0 psi	350 psi
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0 psi	350 psi
Minimum pressure during test.....	0 psi	100 psi
Pressure at conclusion of test.....	0 psi	100 psi
Pressure change during test (Maximum minus Minimum).....	0	250 psi
Was pressure change an increase or a decrease?.....	—	decrease
Well closed at (hour, date): 10:15 A.M. 2-10-65	Total Time On Production 23 hrs. 20 min.	
Oil Production During Test: 30 bbls; Grav. 35.6°	Gas Production During Test: 73 MCF; GOR 2433	
Remarks		

FLOW TEST NO. 2

Well opened at (hour, date): 8:50 A.M. 2-11-65	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	0 psi	340 psi
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0 psi	340 psi
Minimum pressure during test.....	0 psi	340 psi
Pressure at conclusion of test.....	0 psi	340 psi
Pressure change during test (Maximum minus Minimum).....	0	0
Was pressure change an increase or a decrease?.....	—	—
Well closed at (hour, date): 8:00 A.M. 2-12-65	Total time on Production 23 hrs. 10 min.	
Oil Production During Test: 10 bbls; Grav. 37°	Gas Production During Test: TSTM 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 _____

Operator TEXACO INC.
By [Signature]
J. G. Blevins, Jr.
Title Asst. Dist. Superintendent
Date 2-22-65