

Operator TEXACO INC.			Lease C.H. WEIR 'B'			Well No. 7	
Location of Well	Unit J	Sec 11	Twp 20	Rge 37	County 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	EUMONT		—	* TR-O	Csg.	—	
Lower Compl	SKAGGS DRINKARD		—	** TR-O	Csg.	—	

FLOW TEST NO. 1

RECORDER PLACED ON

Both zones ~~shut in~~ at (hour, date): **9:30 AM 1-14-80**

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
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Indicate by (X) the zone producing.....

Pressure at beginning of test..... **290** **680**

Stabilized? (Yes or No)..... **YES** **YES**

Maximum pressure during test..... **290** **680**

Minimum pressure during test..... **270** **680**

Pressure at conclusion of test..... **270** **680**

Pressure change during test (Maximum minus Minimum)..... **-20** **~0~**

Was pressure change an increase or a decrease?..... **DECREASE** **~**

RECORDER REMOVED

Well closed at (hour, date): **9:30 AM 1-15-80**

Total Time On

Production **24 HOURS**

Oil Production

Gas Production

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks *** TR-O JUNE 1974 (HELD FOR ABANDONMENT)**

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
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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

Gas Production

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks **** TR-O APRIL 1977**

ANNUAL ZONE SEGREGATION TEST

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved **FEB 19 1980** 19
New Mexico Oil Conservation Commission

Orig. Signed by

Jerry Sexton

Dist. L. Supv.

By _____

Title _____

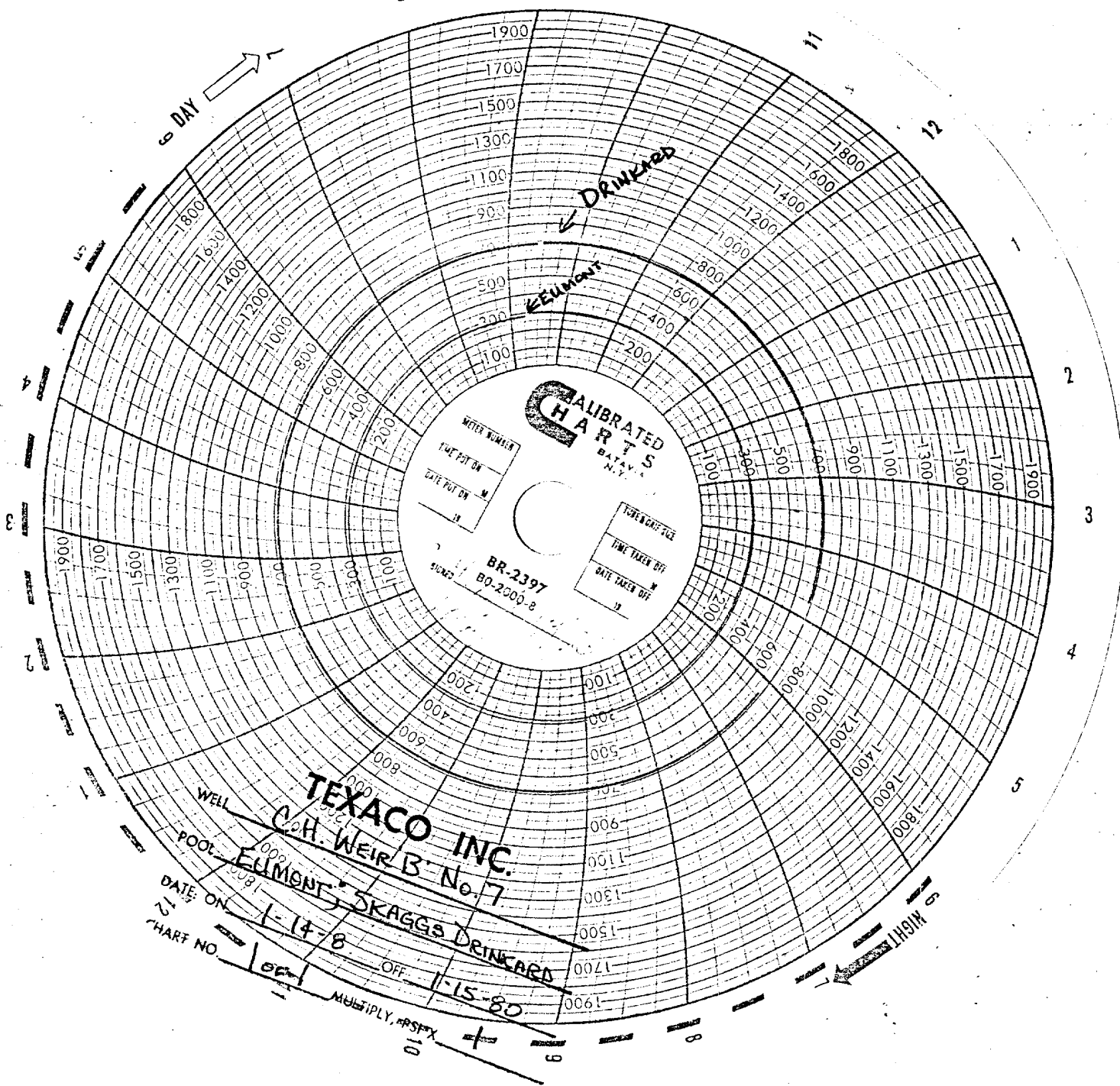
Operator **TEXACO INC.**

By **[Signature]**

Title **ASST. DIST. SUPERINTENDENT**

Date **2-1-80**

PRINTED IN U.S.A.



WELL
POOL
TEXACO INC.
C.H. WEIR B. No. 7
EUMONT SKAGGS DRINKARD
DATE ON
DATE OFF
CHART NO.
MULTIPLY, REPLY