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 'B'		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	GAS	* SHUT-IN (TRD)	CSG	—
Lower Compl	SKAGGS DRINKARD	OIL	** TRD	CSG	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): RECORDER PLACED ON 9:AM 1-17-79

	Upper Completion	Lower Completion
Well opened at (hour, date): BOTH ZONES SHUT IN		
Indicate by (X) the zone producing	SI	SI
Pressure at beginning of test	225	1840
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	225	1840
Minimum pressure during test	225	1840
Pressure at conclusion of test	225	1840
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?	No change	No change

Well closed at (hour, date): RECORDER REMOVED 9:00 AM 1-18-79 Total Time On Production 24 hr.

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

Remarks * TRD JUNE 1974 (HELD FOR ADMINISTRATIVE)

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 ** TRD 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 _____ 19____
New Mexico Oil Conservation Commission

By _____
Title _____

Operator TEXACO INC.

By _____

Title ASST. DIST. SUPT

Date _____