

Submit 2 copies to Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-116
Revised 1-1-89

GAS - OIL RATIO TEST

Operator		Pool		County		Lea									
TEXACO EXPLORATION & PRODUCTION INC.		Eumont Yates Seven Rivers Queen													
Address		TYPE OF TEST - (X)		Scheduled <input checked="" type="checkbox"/>		Completion <input type="checkbox"/>		Special <input type="checkbox"/>							
25 N. French Drive, Hobbs, NM 88240															
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	CHOKE SIZE	TBG. PRESS	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU FT/ BBL.	
		U	S	T	R						WATER BBL.	GRAV. OIL	OIL BBL.		GAS M.C.F.
Mexico WW	#2	P	2	21S	35E	3-10-96	P	NONE		24	0	35.5	0	32	-
		Q	2	21S	35E		SI								
		Q	2	21S	35E		SI								
		Q	2	21S	35E		SI								
		Q	2	21S	35E		SI								
New Mexico C State ncl-2	#4	1	2	21S	35E	3-11-96	P			24	0	35.5	0	39	-
		R	2	21S	35E		SI								
		R	2	21S	35E		SI								
		R	2	21S	35E		SI								
		R	2	21S	35E		SI								
New Mexico C State ncl-2	#9	B	19	20S	37E	3-20-96	P			24	2	33.4	18	43	2389
		B	19	20S	37E		P								
		B	19	20S	37E		P								
		B	19	20S	37E		P								
		B	19	20S	37E		P								

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that the well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60 deg. F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

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

Signature

Patsi L. Humphrey

Printed Name and Title

Administrative Analyst

DATE

4/7/96

393-1498

Telephone No.

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