Submit 2 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Texaco Exp. & Prod. Inc	Lease	O.L. Coleman	Well No.	3
Location of Well	Unit A	Sec. 17	Twp 21 S	Rge 36 E	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	Flow	Csg	2"
Lower Compl	Eunice Monument (G-SA)	SI.	T.A.	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:45 A.m. 6-26-2000

Well opened at (hour, date): 8:52 A.m. 6-27-2000

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	42	0
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	42	0
Minimum pressure during test	20	0
Pressure at conclusion of test	20	0
Pressure change during test (Maximum minus Minimum)	22	0
Was pressure change an increase or a decrease?	Decrease	neither

Well closed at (hour, date): 9:21 A.m. 6-28-2000 Total Time On Production 24 HRS

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 25 MCF; GOR —

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
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 _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Texaco E. & P. Inc.
Operator

Juan G. Cano
Signature

Juan G. Cano Well Tech.
Printed Name Title

6-30-2000 505-394-3069
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 2000

By _____

Title _____