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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

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

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>TEXACO Exp + Prod. Inc.</u>			Lease <u>OL Coleman</u>			Well No. <u>3</u>	
Location of Well	Unit <u>A</u>	Sec. <u>17</u>	Twp <u>21S</u>	Rge <u>36 E</u>	County <u>Luo</u>		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Lbg. or Csg)	Choke Size	
Upper Compl	<u>Eurment</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>Open</u>	
Lower Compl	<u>Eunice Monument</u>		<u>OIL</u>	<u>T.A</u>	<u>TSE</u>	<u>5.1</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM 6-9-97

Well opened at (hour, date): 9:30 AM 6-10-97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>58</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>70</u>	<u>0</u>
Minimum pressure during test.....	<u>20</u>	<u>0</u>
Pressure at conclusion of test.....	<u>20</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>50</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Neither</u>
Well closed at (hour, date): <u>9:30 AM 6-11-97</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>—</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>80</u>	MCF; GOR <u>—</u>

* Remarks Lower zone is T.A.

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: <u>—</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>—</u>	MCF; GOR <u>—</u>
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
Don Diamond
Signature
Don Diamond Prod. Sup.
Printed Name Title
6/17/97 397-0492
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR
Title

