

Operator TEXACO INC			Lessee J. C. ESTLACK			Well No. 1		
Section Well	Unit T	Loc 3	Dep 215	Age 37E	County LEA			
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Cag)		Choke Size	
Upper BlINEBRY			OIL	ART LIFT	Tbg		u	
Lower TUBB			OIL	ART LIFT	Tbg		u	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:30 Am 8-20-84

Well opened at (hour, date): 7:30 Am 8-21-84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>110</u>	<u>310</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>No</u>
Maximum pressure during test.....	<u>110</u>	<u>320</u>
Minimum pressure during test.....	<u>10</u>	<u>310</u>
Pressure at conclusion of test.....	<u>10</u>	<u>320</u>
Pressure change during test (Maximum minus Minimum).....	<u>- 100</u>	<u>+ 10</u>
Is pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>

Well closed at (hour, date): 1:00 PM 8-21-84

Total Time On Production 5 1/2 HRS.

Oil Production _____ Gas Production _____

Flowing Test: 2 bbls; Grav. 35.5; During Test 24 MCF; GOR 12,000

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7:30 Am 8-22-84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>30</u>	<u>320</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>30</u>	<u>320</u>
Minimum pressure during test.....	<u>30</u>	<u>20</u>
Pressure at conclusion of test.....	<u>30</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>- 0 -</u>	<u>- 300</u>
Is pressure change an increase or a decrease?.....	<u>NEITHER</u>	<u>DECREASE</u>

Well closed at (hour, date): 1:00 PM 8-22-84

Total time on Production 5 1/2 HRS.

Oil Production _____ Gas Production _____

Flowing Test: 1 bbls; Grav. 35.5; During Test 30 MCF; GOR 30,000

Remarks _____

ANNUAL ZONE SEGREGATION TEST

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

Approved SEP 18 1984 19 _____
 New Mexico Oil Conservation Commission

Operator TEXACO INC
 By [Signature]

Title Asst Dist Mgr
 Date 8/21/84

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SEP 5 1984

C.C.D.
HOSPITAL