

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 TEXACO INC.			Lease MITTIE WEATHERLY			Well No. 1	
Location of Well	Unit F	Sec 17	Twp 21	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	PENROSE SKELLY *		OIL	ART. LIFT	TBG.	~	
Lower Compl	DRINKARD		OIL	FLOW	TBG.	1 7/8"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:00 AM 8-18-75

Well opened at (hour, date): 7:00 AM 8-19-75

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>310</u>	<u>680</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>320</u>	<u>680</u>
Minimum pressure during test.....	<u>310</u>	<u>40</u>
Pressure at conclusion of test.....	<u>320</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>+ 10</u>	<u>- 640</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>3:00 PM 8-19-75</u>	Total Time On Production <u>8 HOURS</u>	
Oil Production	Gas Production	
During Test: <u>2</u> bbls; Grav. <u>37.4</u>	During Test <u>40</u> MCF; GOR <u>20,000</u>	

Remarks _____

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

Remarks * PENROSE SKELLY ZONE IS TEMPORARILY ABANDONED

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

Approved SEP 2 1975 19
New Mexico Oil Conservation Commission

By John W. Runyan
Title Geologist

Operator _____
By [Signature]
Title ASST. DIST. SUPERINTENDENT
Date _____

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