Submit 3 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 Depa ent

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			Lease		Well No.
Texaco Exp & Prod Inc			Gatty 36 State Com		# 1
Location of Well: Unit F	Sec. 36	Twp 21 S	Rge 34 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	Wolfcamp	Gas	Flow	Tbg	Open
Lower Compl	Morrow	Gas	TA	Tbg	SI

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 PM 8/31/93

Well opened at (hour, date): 10:20 AM 9/1/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	416	465
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	416	465
Minimum pressure during test	158	465
Pressure at conclusion of test	158	465
Pressure change during test (Maximum minus Minimum)	258	-0-
Was pressure change an increase or a decrease?	decrease	—

Well closed at (hour, date): 10:05 9/2/93 Total Time On Production 24 hr.

Oil Production During Test: 0 bbls; Grav. — Gas Production During Test 150 MCF; GOR —

Remarks Test Complete Morrow will Not Buck Line Press.

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

M. Tippy
Signature

Joe N. Tippy Field Tech
Printed Name Title

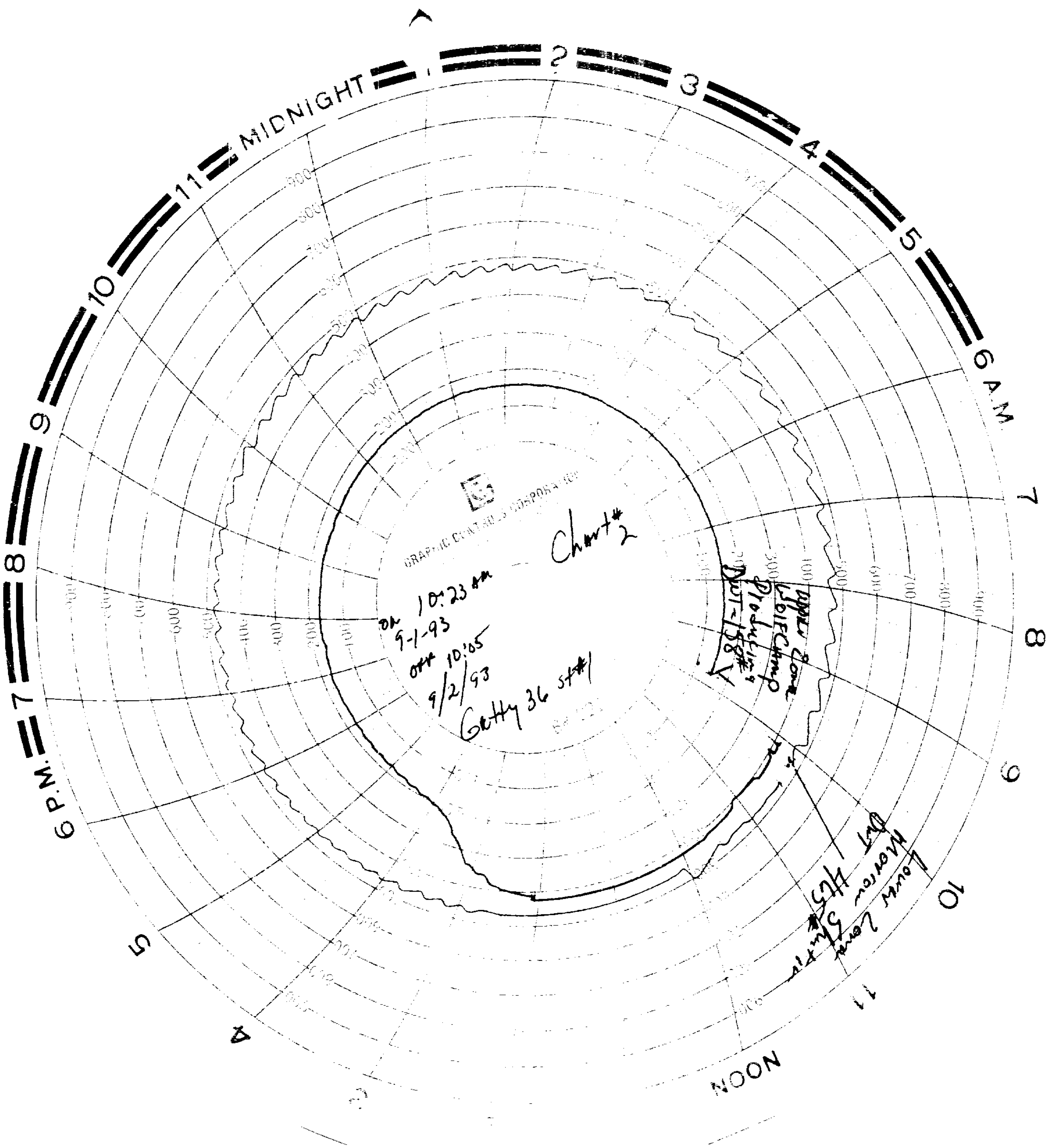
9/7/93 393-1098

OIL CONSERVATION DIVISION

Date Approved OCT 29 1993

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____


MIDNIGHT
2
3
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6 A.M.
7
8
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NOON
4
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6 P.M.
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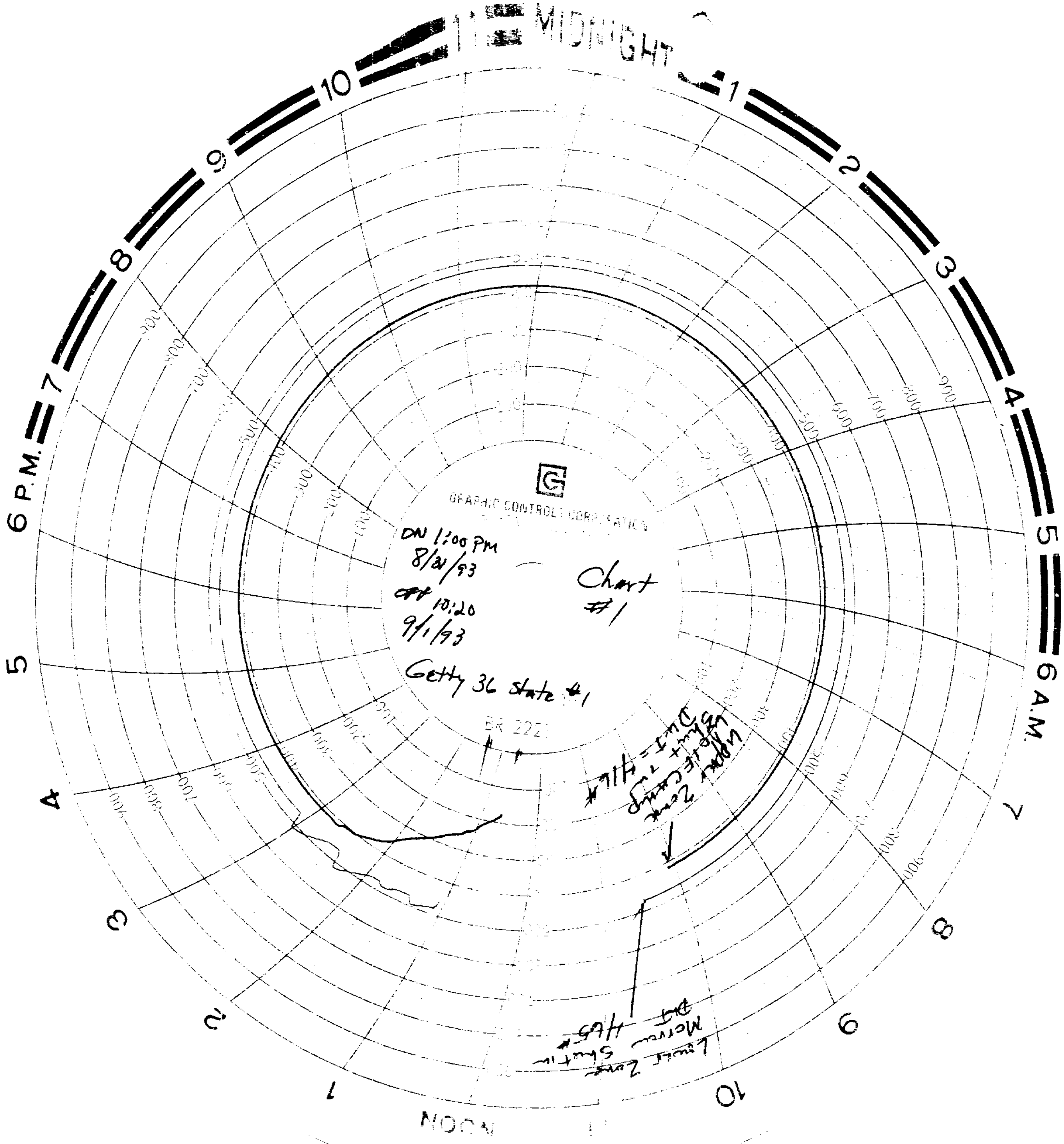
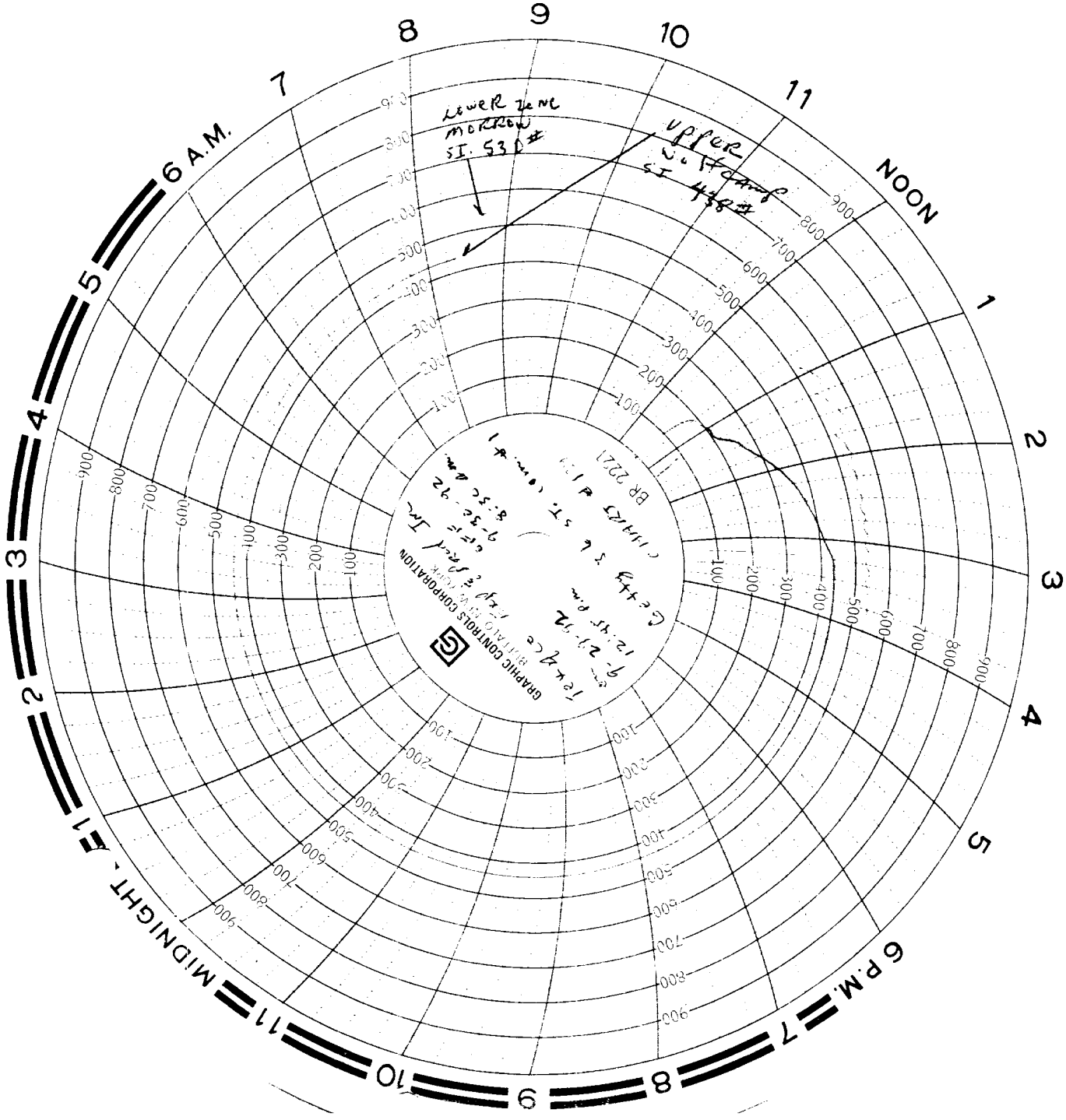
GRAPHIC CONTROLS CORPORATION
Chart #2
on 10:23 am
9-1-93
off 10:05
9/2/93
Getty 36 st #1
Upper Zone
Wolfcamp
Lower Zone
Morrow


MIDNIGHT
NOON
6 P.M.
6 A.M.
GRAPHIC CONTROLS CORPORATION
ON 1:00 PM
8/31/93
off 10:20
9/1/93
Chart
#1
Getty 36 State #1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MIDNIGHT
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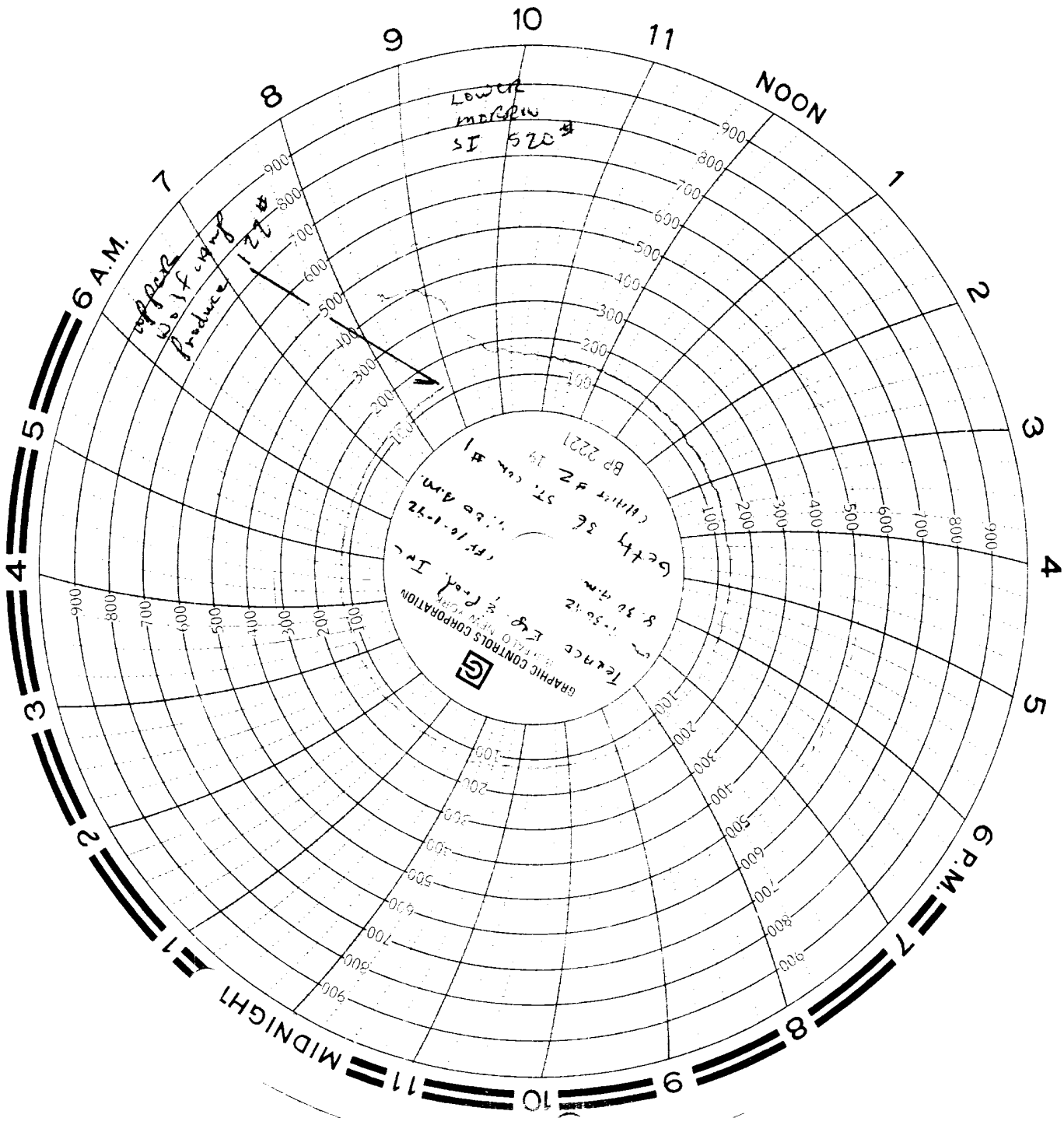
6 A.M.
7
Lower zone
MORROW
SI. 530 #
Upper
Wolfcamp
SI 448 #
100
200
300
400
500
600
700
800
900
GRAPHIC CONTROLS CORPORATION


NOON
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GRAPHIC CONTROLS CORPORATION