

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

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

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

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 <u>Texaco Exp. &amp; Prod. Inc.</u>				Lease <u>Getty 36 STATE Com.</u>				Well No. <u>1</u>	
Location of Well		Unit <u>F</u>	Sec. <u>36</u>	Twp <u>21 S</u>	Rge <u>34 E</u>	County <u>Lea</u>			
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 <u>Wolf camp</u>				<u>GAS</u>	<u>Flow</u>	<u>Tbg.</u>		<u>open</u>	
Lower Compl <u>MORROW</u>				<u>GAS</u>	<u>TA</u>	<u>Tbg.</u>		<u>S.I.</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:45 P.m. 9-29-92

Well opened at (hour, date): <u>8:30 A.m. 9-30-92</u>	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test:.....	<u>438</u>	<u>530</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>438</u>	<u>530</u>
Minimum pressure during test.....	<u>122</u>	<u>520</u>
Pressure at conclusion of test.....	<u>122</u>	<u>520</u>
Pressure change during test (Maximum minus Minimum).....	<u>316</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Decrease</u>
Well closed at (hour, date): <u>4:00 A.m. 10-1-92</u>	Total Time On Production <u>24 1/2 hrs</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>1</u> MCF; GOR <u>154</u>	
Remarks <u>Test complete lower zone T.A., sales line not hooked up</u>		

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 Exp. & Prod. Inc.

Operator

Juan M. Cano

Signature

Juan M. Cano Field Tech. Rep.

Printed Name

Title

10/13/92

Date

505-397-5571

Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_