

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 3002510166
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Baker "B"
2. Name of Operator Texaco Producing Inc	8. Well No. 7
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240	9. Pool name or Wildcat <i>Jubb & Drinkard</i>
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3394' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Failed PLT Correction</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Subject well indicates communication of zones. Recommendation is in progress to correct communication or downhole commingle zones.

Approved for 30 days

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

SIGNATURE *L.W. Johnson* TITLE Engr. Asst. DATE 05/13/91
TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

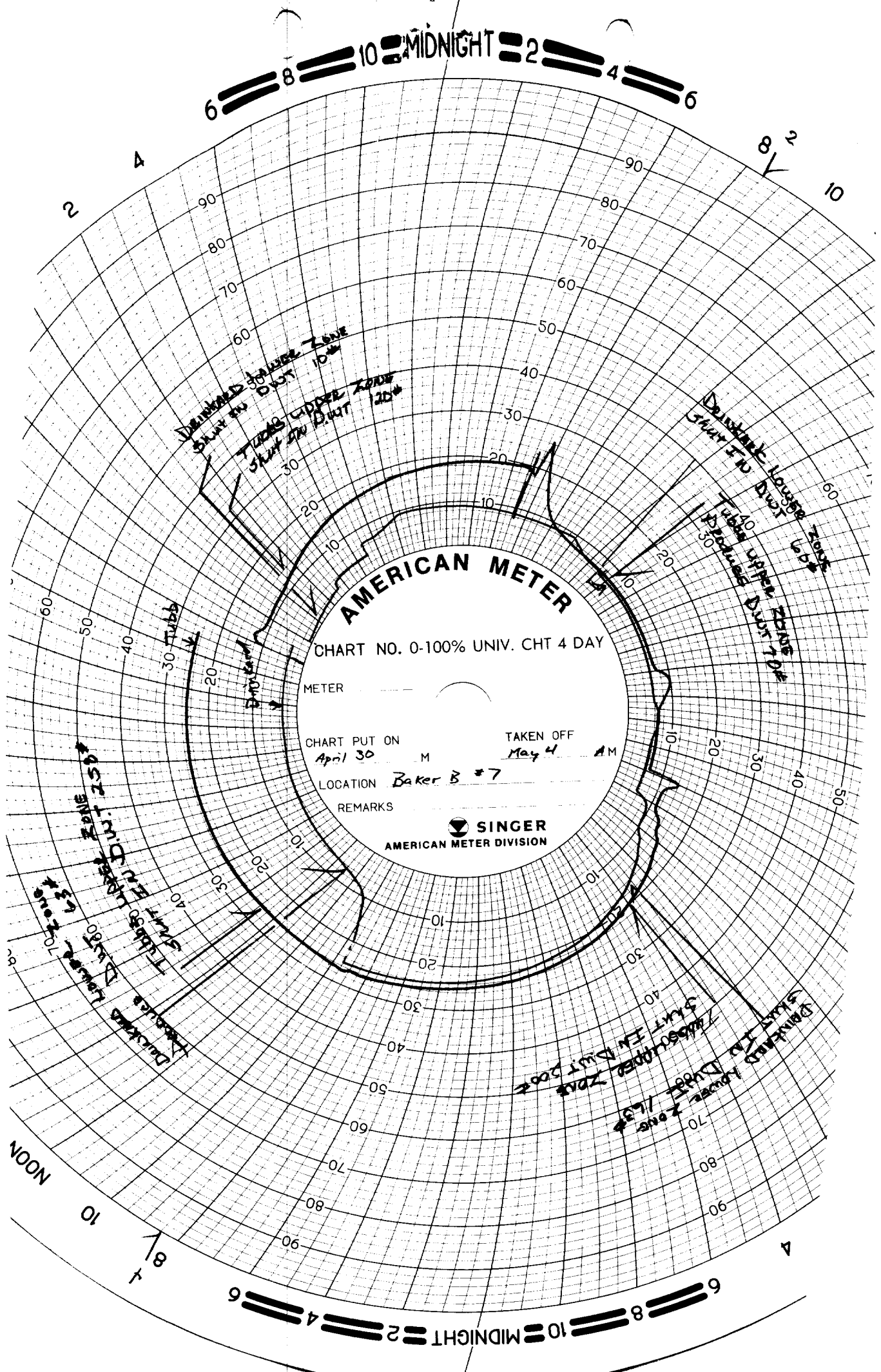
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 14 1991



RECEIVED
MAY 14 1991
ONE
MOBILE OFFICE

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OIL CONSERVATION DIVISION
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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 Producing Inc</u>			Lease <u>Baker "B"</u>			Well No. <u>7</u>		
Location of Well	Unit <u>J</u>	Sec. <u>10</u>	Twp <u>22 S</u>	Rge <u>37 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>Tubbs</u>		<u>Gas</u>	<u>Flow</u>	<u>TBB</u>		<u>2</u>	
Lower Compl	<u>Drinkard</u>		<u>Gas</u>	<u>Flow</u>	<u>TBB</u>		<u>2</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 4-30-91

Well opened at (hour, date):	Upper Completion	Lower Completion
<u>8:30 AM 5-1-91</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>120</u>	<u>10</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>NO</u>
Maximum pressure during test.....	<u>199</u>	<u>90</u>
Minimum pressure during test.....	<u>70</u>	<u>60</u>
Pressure at conclusion of test.....	<u>63</u>	<u>58</u>
Pressure change during test (Maximum minus Minimum).....	<u>136</u>	<u>32</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>8:30 AM 5-2-91</u>	Total Time On Production <u>24 HRS</u>	
Oil Production _____	Gas Production _____	
During Test: <u>~</u> bbls; Grav. <u>~</u>	During Test <u>92</u>	MCF; GOR <u>~</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date):	Upper Completion	Lower Completion
<u>8:30 AM 5-3-91</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>163</u>	<u>200</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>NO</u>
Maximum pressure during test.....	<u>261</u>	<u>245</u>
Minimum pressure during test.....	<u>242</u>	<u>40</u>
Pressure at conclusion of test.....	<u>250</u>	<u>48</u>
Pressure change during test (Maximum minus Minimum).....	<u>11</u>	<u>197</u>
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date): <u>8:30 AM 5-4-91</u>	Total time on Production <u>24 HRS</u>	
Oil production _____	Gas Production _____	
During Test: <u>~</u> bbls; Grav. <u>~</u>	During Test <u>0</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 Exp. & Prod. Inc.
Operator
Hollis M. Cox
Signature
Hollis M. Cox SR. Prod.
Printed Name
5-10-91 Date
505-394-2585 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS FOR SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such test shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.
3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized and for minimum of two hours thereafter, provided, however, that they need not remain shut-in more than 24 hours.
4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for minimum of two hours thereafter, provided however, that the flow test need not continue for more than 24 hours.
5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the previously shut-in zone is produced.
7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with deadweight tester at least twice, once at the beginning and once at the end, of each flow test.
8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Division on Southeast New Mexico Packer Leakage Test Form Revised 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

MAY 14 1991

RECEIVED