

and 2 copies to appropriate  
District Office  
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

## GAS - OIL RATIO TEST

B1-107-4000  
15-142-6000  
Tub-142-2000

Operator		Pool		County											
Texaco Producing Incorporated		Drinkard		Lea											
Address		TYPE OF TEST - (X)		Scheduled <input checked="" type="checkbox"/> <input type="checkbox"/>		Completion <input type="checkbox"/> <input type="checkbox"/>		Special <input type="checkbox"/>							
P.O. Box 728 Hobbs, N.M. 88240															
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	CHOKES SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU FT/BBL	
		U	S	T	R						WATER BBL.	GRAV. OIL	OL. BBL.		GAS M.C.F.
Baker A	1	D	26	22S	37E		SIO								
	6	M	10	22S	37E	4-3-89	P		M	24	4	37.0	6	149	24833
	7	J	10	22S	37E	4-10-89	P		Gas	24	0		0	24	-
	9	L	10	22S	37E	4-29-89	P		M	24	0	37.0	3	70	23334
	11	O	10	22S	37E	4-15-89	P		M	24	2	37.0	6	320	53334
J.V. Baker 169 3 1/2 Blinberry Oil and Gas 169 6 3/8 Drinkard 3 1/2 Tub Oil and Gas	16	N	10	22S	37E										
	9	G	6	22S	37E	4-30-89	P	1 1/4		24	27 3 12 12	36.0	19 3 6 10	44 12 22 1	2316 4000 3667 100
R.L. Brunson	2	P	4	22S	37E		SIO								

### Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 501, Rule 1116 & appropriate pool rules.)

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

Signature K.L. Johnson AREA SUPERINTENDENT  
Printed name and title  
APR 2 0 1989 394-2595  
Date Telephone No.