

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease C.H. Lockhart (NET-1)			Well No. 2	
Location of Well		Unit D	Sec 18	Twp 22-S	Rge 38-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	Blinberry		oil	Pump	Tbg.	—	
Lower Compl	Tubb		oil	Flow	Tbg	19/64"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:55 A.M. (8-5-63)

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>8:30 A.M. (8-6-63)</u>		
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	<u>100</u>	<u>1260</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>100</u>	<u>470</u>
Minimum pressure during test.....	<u>100</u>	<u>150</u>
Pressure at conclusion of test.....	<u>100</u>	<u>200</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>320</u>
Was pressure change an increase or a decrease?.....	<u>—</u>	<u>decrease</u>
Well closed at (hour, date): <u>8:30 AM. (8-7-63)</u>	Total Time On Production <u>24 hrs.</u>	
Oil Production	Gas Production	
During Test: <u>6</u> bbls; Grav. <u>43°</u> ;	During Test <u>120</u> MCF; GOR <u>20,000</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): <u>8:15 A.M. (8-8-63)</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	<u>60</u>	<u>1180</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>60</u>	<u>1180</u>
Minimum pressure during test.....	<u>30</u>	<u>1180</u>
Pressure at conclusion of test.....	<u>40</u>	<u>1180</u>
Pressure change during test (Maximum minus Minimum).....	<u>30</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>—</u>
Well closed at (hour, date): <u>8:10 A.M. (8-9-63)</u>	Total time on Production <u>23 hrs. 55 min.</u>	
Oil Production	Gas Production	
During Test: <u>12</u> bbls; Grav. <u>45°</u> ;	During Test <u>TSTM</u> MCF; GOR <u>—</u>	
Remarks _____		

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

Approved _____ 19
New Mexico Oil Conservation Commission

Operator TEXACO, INC.

By H.D. Raymond USM

By _____
Title _____

Title Assistant District Superintendent
Date 8/15/63