

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO Packer Leakage Test

Operator TEXACO, Inc.			Lease C.H. Lockhart (407-11)			Well No. 5	
Location of Well	Unit	Sec	Twp	Rge	County		
		18	22-S	34	Lin		
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 Comp			Tubb (oil)	Flow	Tbg	16/64	
Lower Comp			Uniford	Art Lift	Tbg		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:40 AM 3-18-63

	Upper Completion	Lower Completion
Well opened at (hour, date): 10:10 AM (3-19-63)		
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	780	580
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	780	610
Minimum pressure during test.....	140	580
Pressure at conclusion of test.....	730	600
Pressure change during test (Maximum minus Minimum).....	610	30
Was pressure change an increase or a decrease?.....	increase	increase
Well closed at (hour, date): 10:10 AM (3-20-63)	Total Time On Production 24 hrs.	
Oil Production	Gas Production	
During Test: 12 bbls; Grav. 43	During Test 145	MCF; GOR 12.00
Remarks		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 10:35 AM (3-21-63)		
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	850	800
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	860	150
Minimum pressure during test.....	850	10
Pressure at conclusion of test.....	860	40
Pressure change during test (Maximum minus Minimum).....	10	140
Was pressure change an increase or a decrease?.....	increase	increase
Well closed at (hour, date) 10:30 AM (3-22-63)	Total time on Production 23 hrs. 55 min	
Oil Production	Gas Production	
During Test: 42 bbls; Grav. 42	During Test 22	MCF; GOR 12.00
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

By _____
Title _____

Operator TEXACO, Inc.
By Mr. Raymond
Title Assistant District Superintendent
Date _____