

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		TEXACO Inc.			Lease		C.H. Lockhart Fed NCT-1		Well No.		6	
Location of Well		Unit	Sec	Twp		Rge		County		Lea		
		G	18	22		38						
		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		Tubb		oil		Flow		Tbg.		1 7/8"		
Lower Compl		Drinkard		oil		Art. Lift		Tbg.		—		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 Am 4-9-73

Well opened at (hour, date): 8:00 Am 4-10-73 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X

Pressure at beginning of test.....psi..... 60 435

Stabilized? (Yes or No)..... Yes No

Maximum pressure during test.....psi..... 60 435

Minimum pressure during test.....~~44~~..... 60 25

Pressure at conclusion of test.....*psi*..... 60 25

Pressure change during test (Maximum minus Minimum) *Psi*..... 0 410

Was pressure change an increase or a decrease?..... - decrease

Well closed at (hour, date): 2:30 PM 4-10-73 Total Time On Production 6 hrs 30 min

Well closed at (hour, date): 2:00 PM 1-10-15 Production 6 hrs 30 min
Oil Production _____ Gas Production _____
During Test: 1 bbls; Grav. 38.6; During Test 8 MCF; GOR 8000

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 8:00 Am 4-11-73 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X

Pressure at beginning of test.....psi..... 70 405

Stabilized? (Yes or No)..... Yes No

Maximum pressure during test..... 70 440

Minimum pressure during test.....psi..... 25 405

Pressure at conclusion of test.....PS.....25 440

Pressure change during test (Maximum minus Minimum), psi..... 45 35

Was pressure change an increase or a decrease?.....*decrease* *increase*

Well closed at (hour, date) 2:15 PM 4-11-73 Total time on
Oil Production 6 hrs 15 min

Oil Production _____ Production 0.13 13 min
During Test: 1 bbls; Grav. 37.8; Gas Production _____
During Test: _____ 3 MCF; GOR 3000

Remarks _____

Annual Zone Segregation Test

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

Approved 19 Operator ARCO Inc.
New Mexico Oil Conservation Commission By

By _____ Title ASST. DIST. SUPERINTENDENT

Title _____ ASST. DIST. SUPERINTENDENT
Date 4/23/73

Operator TEXACO Inc.
By *[Signature]*

Title ASST. DIST. SUPERINTENDENT

Date 4/23/53