Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

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			Lease		Well No.
TEXACO Exp & Prod			A.H. Blinebry Fed NCT-1		1
Location of Well: Unit	Sec.	Twp	Rge	County	
O	19	22-S	38-E	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	Blinebry	Gas	Flow	Tbg	1
Lower Compl	Tubbs	Gas	Flow	Tbg	1

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 10-26-92

Well opened at (hour, date): 8:00 AM 10-27-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	110
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	20	110
Minimum pressure during test	20	40
Pressure at conclusion of test	20	40
Pressure change during test (Maximum minus Minimum)	Ø	70
Was pressure change an increase or a decrease?	Niether	Decrease

Well closed at (hour, date): 8:00 AM 10-28-92 Total Time On Production 24 HRS

Oil Production During Test: Ø bbls; Grav. _____ Gas Production During Test 10 MCF MCF; GOR _____

Remarks: Well Died

FLOW TEST NO. 2

Well opened at (hour, date): 8:00 AM 10-29-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	90
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	40	90
Minimum pressure during test	20	80
Pressure at conclusion of test	20	80
Pressure change during test (Maximum minus Minimum)	20	10
Was pressure change an increase or a decrease?	Decrease	Decrease

Well closed at (hour, date) 8:00 AM 10-30-92 Total time on Production 24 HRS

Oil production During Test: — bbls; Grav. —; Gas Production During Test — MCF; GOR _____

Remarks: Well Dead. Annual Zone Segregation Test

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
Operator

Robert M Parker
Signature

Robert M Parker — Well Technician
Printed Name — Title

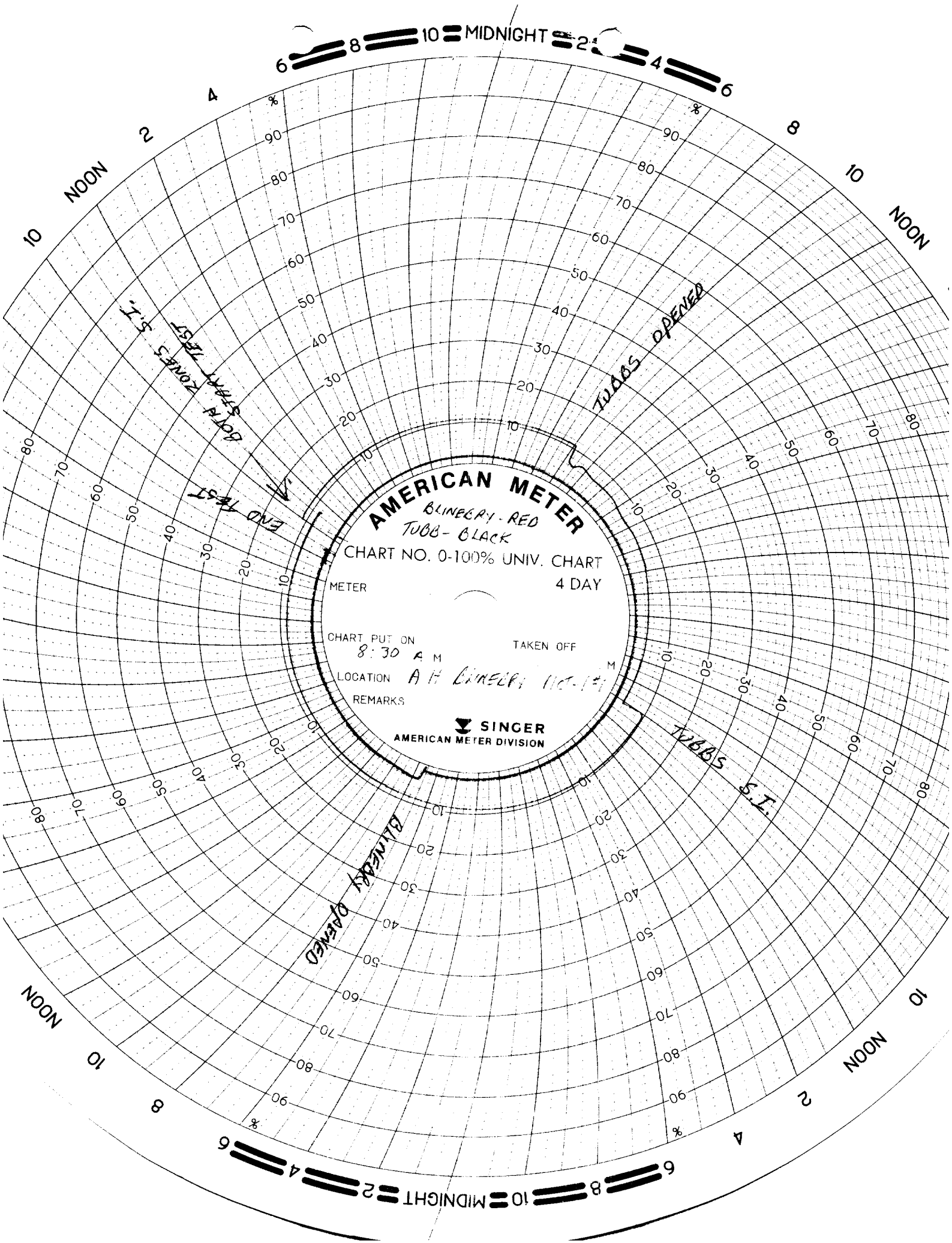
10-30-92 — 505-394-2585
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____


AMERICAN METER
BLINEBRY - RED
TUBB - BLACK
CHART NO. 0-100% UNIV. CHART
4 DAY
METER
CHART PUT ON
8:30 A M
TAKEN OFF
LOCATION A H BLINEBRY UNIT #1
REMARKS
SINGER
AMERICAN METER DIVISION
TUBBS OPENED
TUBBS S.I.
BLINEBRY OPENED
END TEST
BOTH ZONES S.I. START TEST
MIDNIGHT
NOON