

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease A.H. Blinebry Fed NCT-3			Well No. 2	
Location of Well	Unit B	Sec 31	Twp 22	Rge 38	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	Blinebry		Oil	Art. Lift	Csg.	-	
Lower Compl	Drinkard		Oil	*Shut-in	Csg.	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 2-4-74

Well opened at (hour, date): 10:00 AM 2-5-74

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....psi.....	200	260
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....psi.....	200	260
Minimum pressure during test.....psi.....	30	260
Pressure at conclusion of test.....psi.....	40	260
Pressure change during test (Maximum minus Minimum).....psi.....	170	0
Was pressure change an increase or a decrease?.....	decrease	-
Well closed at (hour, date): 2:30 PM 2-5-74	Total Time On Production 4 hrs 30 min.	
Oil Production	Gas Production	
During Test: 1 bbls; Grav. 37.2 ; During Test 4 MCF; GOR 4,000		

Remarks

* Drinkard is temporarily abandoned

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date)	Total time on Production	
Oil Production	Gas Production	
During Test: bbls; Grav. ; During Test MCF; GOR		

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 _____ nm
New Mexico Oil Conservation Commission

Operator TEXACO Inc.
By _____
Title ASST. DIST. SUPERINTENDENT
Date _____
FEB 15 1974

By _____
Title _____