

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

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease <u>A.H. Blinebry Fed NCT</u>			Well No. <u>2</u>	
Location of Well	Unit <u>B</u>	Sec <u>31</u>	Twp <u>22</u>	Rge <u>38</u>	County <u>Lea</u>		
	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	<u>Blinebry</u>		<u>oil</u>	<u>Art Lift</u>	<u>Csg.</u>	<u>-</u>	
Lower Compl	<u>Drinkard</u>		<u>oil</u>	<u>* Shut-in</u>	<u>Csg.</u>	<u>-</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 AM 2-12-73

Well opened at (hour, date): 11:00 AM 2-13-73 Upper Completion Lower Completion

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

Pressure at beginning of test..... psi..... 180 225

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

Maximum pressure during test..... psi..... 280 225

Minimum pressure during test..... psi..... 25 225

Pressure at conclusion of test..... psi..... 30 225

Pressure change during test (Maximum minus Minimum) psi..... 255 0

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

Well closed at (hour, date): 11:00 AM 2-14-73 Total Time On Production 24 hrs.

Oil Production Gas Production

During Test: 4 bbls; Grav. 38.0 ; During Test 14 MCF; GOR 3500

Remarks * Drinkard is temporarily abandoned

FLOW TEST NO. 2

Well opened at (hour, date): _____ Upper Completion Lower Completion

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 _____
New Mexico Oil Conservation Commission

Operator TEXACO Inc.

By _____

Title ASST. DIST. SUPERINTENDENT

Date _____

By _____
Title _____
Orig. Signed by _____
Dist. 1, Supv.