

Operator TEXACO INC			Lease A.H. BLINEBRY FEDERAL NCT-1			Well No. 8	
Location of Well	Unit	Sec	Twp	Rge	County		
	E	33	22S	38E	LEA		
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Gas)		Choke Size
Upper Comp	* Paddock, South		~	~	TBA		~
Lower Comp	** Tubb Gas		~	~	TBA		~

FLOW TEST NO. 1

CHART ON
Both zones shut-in at (hour, date): **10:00 AM 8-27-84**

Well opened at (hour, date): **(24 HOUR SHUT-IN CHART)**

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	- 0 -	430
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	- 0 -	430
Minimum pressure during test.....	- 0 -	430
Pressure at conclusion of test.....	- 0 -	430
Pressure change during test (Maximum minus Minimum).....	NONE	NONE
Was pressure change an increase or a decrease?.....	NEITHER	NEITHER

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks *** Paddock, S SI-O 12-73**

**** Tubb SI-NG 12-73**

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.

SEP 18 1984

Approved _____ 19 _____
New Mexico Oil Conservation Commission

Operator **TEXACO INC**

By _____

Title _____

Date **8/31/84**

ORIGINAL SIGNED BY DEPT. OF REVENUE

DISTRICT SUPERVISOR