

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		Well No.	
Location of Well		Unit	Sec	Twp	Rge	County		
		M	31	22	38	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	Blinberry	Oil	Flow		Csg. 2 7/8	18/64		
Lower Compl	Drinkard	Oil	Art Lift		Csg. 2 7/8	—		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 2-12-73

Well opened at (hour, date): 10:30 AM 2-13-73 Upper Completion Lower Completion

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

Pressure at beginning of test..... 20 330

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

Maximum pressure during test..... 20 530

Minimum pressure during test..... 20 30

Pressure at conclusion of test..... 20 30

Pressure change during test (Maximum minus Minimum)..... 0 500

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

Well closed at (hour, date): 10:30 AM 2-14-73 Total Time On Oil Production 24 hrs.

During Test: 6 bbls; Grav. 38.6; Gas Production 30 MCF; GOR 5000

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 10:30 AM 2-15-73 Upper Completion Lower Completion

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

Pressure at beginning of test..... 30 270

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

Maximum pressure during test..... 30 280

Minimum pressure during test..... 30 270

Pressure at conclusion of test..... 30 280

Pressure change during test (Maximum minus Minimum)..... 0 10

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

Well closed at (hour, date): 2:15 PM 2-15-73 Total time on Oil Production 3 hrs 45 min.

During Test: 1 bbls; Grav. 37.6; Gas Production 1 MCF; GOR 1000

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

Signature _____
Title _____
Date _____

Operator TEXACO Inc.

By _____

Title ASST. DIST. SUPERINTENDENT

Date _____