

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 <i>A.H. Blinebry Fed. NCT-4</i>			Well No. <i>5</i>	
Location of Well	Unit <i>N</i>	Sec <i>31</i>	Twp <i>22</i>	Rge <i>38</i>	County <i>Lea</i>		
	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	<i>Blinebry</i>		<i>Oil</i>	<i>Flow</i>	<i>Csg.</i>	<i>18/64"</i>	
Lower Compl	<i>Drinkard</i>		<i>Oil</i>	<i>Art. Lift</i>	<i>Csg.</i>	<i>—</i>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 4-9-73

Well opened at (hour, date): 8:30 AM 4-10-73 Upper Completion Lower Completion

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

Pressure at beginning of test..... 190 40

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

Maximum pressure during test..... 190 40

Minimum pressure during test..... 20 40

Pressure at conclusion of test..... 20 40

Pressure change during test (Maximum minus Minimum)..... 170 0

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

Well closed at (hour, date): 8:30 AM 4-11-73 Total Time On Production 24 hrs.

Oil Production Gas Production

During Test: 1 bbls; Grav. 38.1; During Test 4 MCF; GOR 4000

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 AM 4-12-73 Upper Completion Lower Completion

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

Pressure at beginning of test..... 195 45

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

Maximum pressure during test..... 205 45

Minimum pressure during test..... 195 30

Pressure at conclusion of test..... 205 35

Pressure change during test (Maximum minus Minimum)..... 10 15

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

Well closed at (hour, date): 2:30 PM 4-12-73 Total time on Production 6 hrs.

Oil Production Gas Production

During Test: 1 bbls; Grav. 38.8; During Test 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

Operator TEXACO Inc.

By [Signature]

Title ASST. DIST. SUPERINTENDENT

Date 4/23/73

By _____

Title _____