Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
TEXACO INC			NM Blinebry Nct-1		17
Location of Well	Unit	Sec.	Twp	Rge	County
	M L	20	22-S	38-E	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	1"
Lower Compl	Tubbs	Gas	Flow	Csg	1"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 12-4-90

Well opened at (hour, date): 10:00 AM 12-5-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	95	70
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	120	130
Minimum pressure during test	30	125
Pressure at conclusion of test	39	118
Pressure change during test (Maximum minus Minimum)	-70	-5
Was pressure change an increase or a decrease?	DECREASE	DECREASE

Well closed at (hour, date): 10:00 AM 12-6-90 Total Time On Production 24 Hrs

Oil Production During Test: 2 bbls; Grav. 37.5 Gas Production During Test 34 MCF; GOR 12,000

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM 12-7-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	120	118
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	140	120
Minimum pressure during test	90	20
Pressure at conclusion of test	90	30
Pressure change during test (Maximum minus Minimum)	-50	-100
Was pressure change an increase or a decrease?	DECREASE	DECREASE

Well closed at (hour, date) 10:00 AM 12-8-90 Total time on Production 24 Hrs

Oil production During Test: — bbls; Grav. —; Gas Production During Test 14 MCF; GOR —

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Texaco Inc
Operator

Clifford Johnson
Signature

Clifford Johnson Prod. Supervisor
Printed Name Title

12-14-90 505-394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 14 1990
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title