

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Latting 2

Operator <i>Texaco Inc.</i>			Lease <i>A.H. Blinebry Fed. (NCT-D)</i>			Well No. <i>19</i>	
Location of Well	Unit <i>D</i>	Sec <i>29</i>	Twp <i>22</i>	Rgo <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>Art. Lift</i>	<i>Csg. 2 7/8"</i>	<i>—</i>	
Lower Compl	<i>Drinkard</i>		<i>oil</i>	<i>Art. Lift</i>	<i>Csg. 2 7/8"</i>	<i>—</i>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): *9:15 AM 2-17-69*

Well opened at (hour, date): *9:30 AM 2-18-69* Upper Completion Lower Completion

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

Pressure at beginning of test..... *psi.* *300* *60*

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

Maximum pressure during test..... *psi.* *300* *60*

Minimum pressure during test..... *psi.* *300* *10*

Pressure at conclusion of test..... *psi.* *300* *10*

Pressure change during test (Maximum minus Minimum)..... *psi.* *0* *50*

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

Well closed at (hour, date): *3:00 PM 2-18-69* Total Time On Production *5 hrs 30 min*

Oil Production Gas Production

During Test: *1* bbls; Grav. *39.2* ; During Test *1* MCF; GOR *1000*

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): *9:15 AM 2-19-69* Upper Completion Lower Completion

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

Pressure at beginning of test..... *psi.* *300* *40*

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

Maximum pressure during test..... *psi.* *300* *40*

Minimum pressure during test..... *psi.* *75* *40*

Pressure at conclusion of test..... *psi.* *75* *40*

Pressure change during test (Maximum minus Minimum)..... *psi.* *225* *0*

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

Well closed at (hour, date): *9:00 AM 2-20-69* Total time on Production *23 hrs 45 min.*

Oil Production Gas Production

During Test: *1* bbls; Grav. *39.0* ; During Test *4* MCF; GOR *4000*

Remarks *Annual Zone Segregation Test*

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

Approved <i>[Signature]</i> New Mexico Oil Conservation Commission	19 <i>7840</i>	Operator <i>Texaco Inc.</i>
By <i>[Signature]</i>		Title <i>Asst. Dist. Supt.</i>
Title <i>SUPERVISOR DISTRICT</i>		Date <i>3/4/69</i>