

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO ZONE SEGREGATION TEST

Operator TEXACO Inc.			Lease A.H. Blincoy Fed NCT-1			Well No. 20		
Location of Well	Unit E	Sec 20	Twp 22	Rge 38	County Lea			

FLOW TEST NO. 3

Well opened at (hour, date): 8:00 AM 2-16-73

	1	2	3	4
Indicate by (X) the zone producing.....	<u>X</u>			
Pressure at beginning of testpsi.....	<u>20</u>	<u>330</u>	<u>260</u>	
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
Maximum pressure during testpsi.....	<u>20</u>	<u>330</u>	<u>260</u>	
Minimum pressure during testpsi.....	<u>5</u>	<u>330</u>	<u>260</u>	
Pressure at conclusion of testpsi.....	<u>5</u>	<u>330</u>	<u>260</u>	
Pressure change during test (Maximum minus Minimum)	<u>15</u>	<u>0</u>	<u>0</u>	
Was pressure change an increase or a decrease?.	<u>decrease</u>	<u>-</u>	<u>-</u>	
Well closed at (hour, date): <u>12:00 Noon</u> <u>2-16-73</u>	Total Time On Production <u>4 hrs.</u>			
Oil Production	Gas Production			
During Test: <u>1</u> bbls; Grav. <u>38.4</u> ; During Test <u>3</u> MCF; GOR <u>3000</u>				
Remarks _____				

FLOW TEST NO. 4

Well opened at(hour, date): _____

	1	2	3	4
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 <u>Annual Zone Segregation Test</u>				

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
By _____
Title _____

Operator TEXACO Inc.
By [Signature]
Title ASST. DIST. SUPERINTENDENT
Date _____

