

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.				Lease A. H. Blinebry Fed. No. 1		Well No. 28	
Location of Well		Unit A	Sec 29	Twsp 22	Rge 38	County 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	-
Lower Compl	Drinkard			oil	Art. Lift	Csg.	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date):		4-2-73	Upper Completion	Lower Completion
Well opened at (hour, date):		10:00 AM 4-3-73		
Indicate by (X) the zone producing.....				X
Pressure at beginning of test.....		psi 175		260
Stabilized? (Yes or No).....		Yes		Yes
Maximum pressure during test.....		psi 175		260
Minimum pressure during test.....		psi 175		40
Pressure at conclusion of test.....		psi 175		40
Pressure change during test (Maximum minus Minimum).....		psi 0		220
Was pressure change an increase or a decrease?.....		-		decrease
Well closed at (hour, date):		2:00 PM 4-3-73	Total Time On Production	4 hrs.
Oil Production		Gas Production		
During Test: 1 bbls; Grav. 38.5		During Test	8 MCF; GOR	8000
Remarks				

FLOW TEST NO. 2

Well opened at (hour, date):	Upper Completion	Lower Completion
10:00 AM 4-4-73		
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....psi.....	175	225
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....psi.....	250	225
Minimum pressure during test.....psi.....	40	225
Pressure at conclusion of test.....psi.....	40	225
Pressure change during test (Maximum minus Minimum), psi.....	210	0
Was pressure change an increase or a decrease?.....	decrease	-
Well closed at (hour, date) 10:00 AM 4-5-73	Total time on Production	
Oil Production	24 hrs	
During Test: 3 bbls; Grav. 27.6	Gas Production	
During Test: 7 MCF; GOR	2333	
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

By _____
Title _____

Orig. Signed by
Joe D. Rainey
Dist. L. Smith

Operator **TEXACO Inc.**

By [Signature]

Title ASST. DIST. SUPERINTENDENT

Date TEXACO Inc. APR 11 1973