

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

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

OIL CONSERVATION DIVISION

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

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 <u>Texaco E. & P. Inc.</u>			Lease <u>A.H. Blinberry Fed. NCT-1</u>			Well No. <u>31</u>	
Location of Well	Unit <u>F</u>	Sec. <u>28</u>	Twp <u>22 S</u>	Rge <u>38 E</u>	County <u>Lea</u>		
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	<u>Tubbs</u>		<u>ASD</u>	<u>—</u>	<u>—</u>	<u>—</u>	
Lower Compl	<u>BRUNSON DRINKARD Abo</u>		<u>Oil</u>	<u>Art. Lift</u>	<u>Csg.</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:40 A.M. 9-25-2000

Well opened at (hour, date): 8:25 A.M. 9-26-2000

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): 9:10 A.M. 9-27-2000

Oil Production

During Test: 0 bbls; Grav. _____

Gas Production

During Test: 0

MCF; GOR _____

Total Time On
Production

24 hrs 45 min.

Remarks Tubbs zone ASD 12-7-65

DRINKARD zone (BAD pump)

Approved to be
P&A. 8-21-2000

FLOW TEST NO. 2

Well opened at (hour, date): _____

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) _____

Oil production

During Test: _____ bbls; Grav. _____

Gas Production

During Test _____

MCF; GOR _____

Total time on
Production _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Texaco E. & P. Inc.

Operator

Juan G. Cano

Signature

JUAN G. CANO

Printed Name

Well Tech.

Title

9-27-2000

Date

505-361-9096

Telephone No.

MS

OIL CONSERVATION DIVISION

Date Approved _____

ORIGINAL SIGNED BY

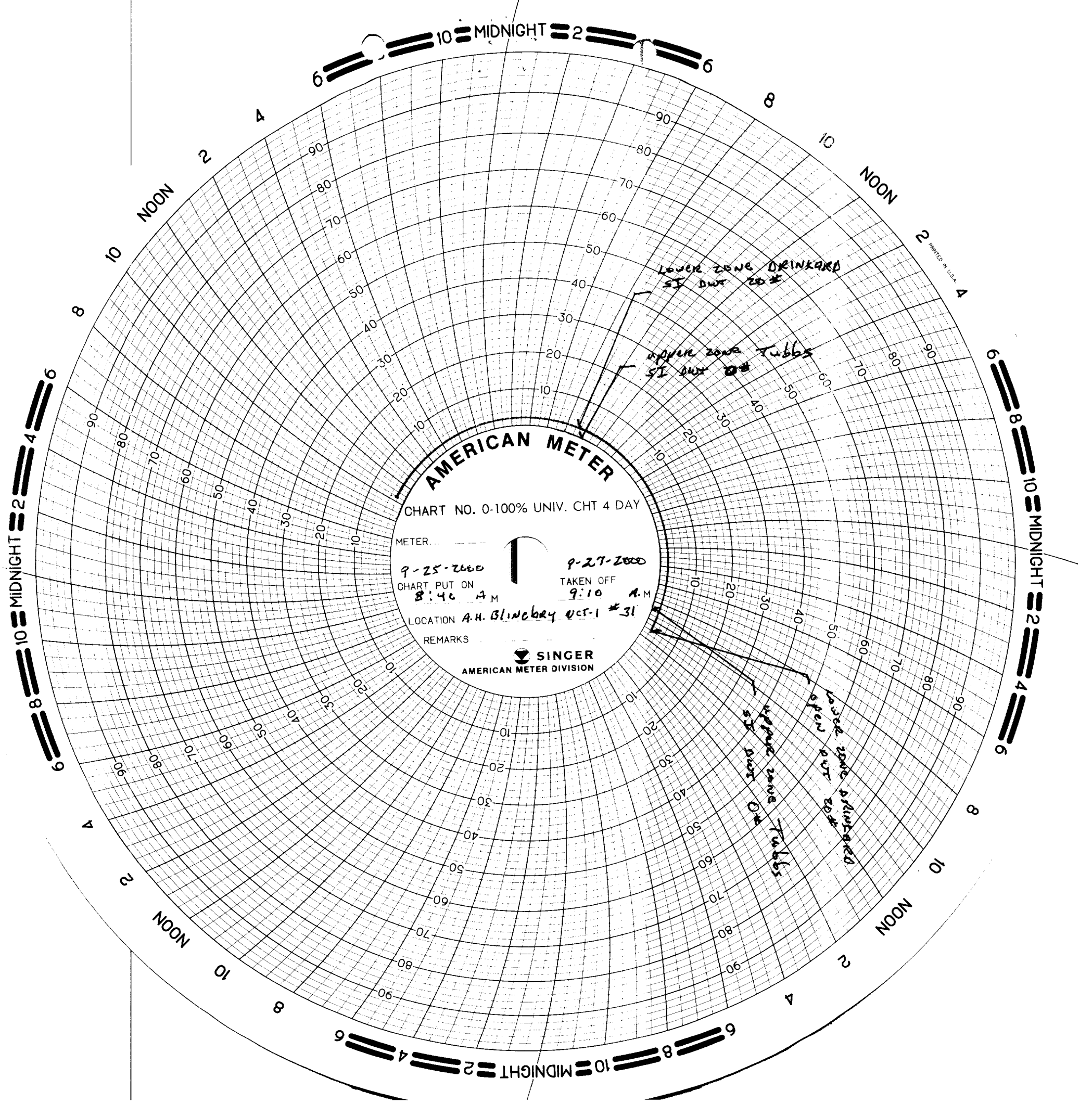
GARY WINK

FIELD REP II

By _____

Title _____

OCT 2 2000



AMERICAN METER

CHART NO. 0-100% UNIV. CHT 4 DAY

METER

9-25-2000

9-27-2000

CHART PUT ON
8:40 A.M.

TAKEN OFF
9:10 A.M.

LOCATION A.H. Blinckley Oct-1 #31

REMARKS



SINGER
AMERICAN METER DIVISION

LOWER ZONE DRINKARD
SI OUT 20#

UPPER ZONE TUBBS
SI OUT 0#

UPPER ZONE TUBBS
SI OUT 0#

LOWER ZONE DRINKARD
open OUT 20#

