

Operator <u>TEXACO INC</u>			Case <u>A. H. BURGESS FEDERAL NCT-1</u>			Well <u>No. 38</u>	
Owner <u>BA</u>	Unit <u>19</u>	Pop <u>225</u>	Rep <u>38E</u>	County <u>LEA</u>			
Name of Wellowner or Pool		Type of Well (Oil or Gas)	Method of Prod Flow, Art. Lift	Prod. Medium (Oil or Gas)		Choke	
Upper <u>DRIVEARD</u>		<u>Oil</u>	<u>ART. LIFT</u>	<u>TB6</u>		<u>~</u>	
Lower <u>WANTZ GRAVLE WASH</u>		<u>Oil</u>	<u>ART. LIFT</u>	<u>TB6</u>		<u>~</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:00 A.M. 4-11-77

Well opened at (hour, date): 7:00 A.M. 4-12-77

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>340</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>380</u>	<u>340</u>
Minimum pressure during test.....	<u>0</u>	<u>30</u>
Pressure at conclusion of test.....	<u>380</u>	<u>140</u>
Pressure change during test (Maximum minus Minimum).....	<u>380</u>	<u>310</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>1:30 P.M. 4-12-77</u>	Total Time On Production	<u>10 1/2 HRS.</u>
Oil Production	Gas Production	
During Test: <u>16</u> bbls; Grav. <u>39'</u>	During Test: <u>666</u>	MCF; GOR <u>4125</u>
Remarks		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>7:00 A.M. 4-13-77</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>470</u>	<u>470</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>470</u>	<u>470</u>
Minimum pressure during test.....	<u>40</u>	<u>470</u>
Pressure at conclusion of test.....	<u>40</u>	<u>470</u>
Pressure change during test (Maximum minus Minimum).....	<u>430</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>-</u>
Well closed at (hour, date): <u>1:00 P.M. 4-13-77</u>	Total time on Production	<u>6 HRS.</u>
Oil Production	Gas Production	
During Test: <u>3</u> bbls; Grav. <u>38'</u>	During Test: <u>34</u>	MCF; GOR <u>11,333</u>
Remarks		

ANNUAL ZONE SEGREGATION TEST

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

JUN 9 1977

Approved _____
New Mexico Oil Conservation Commission
Secretary _____
Title _____

Operator TEXACO Inc.

By _____

Title ASST. DIST. SUPERINTENDENT

6-1-77