

ISTRICK 1 -
 .O. BOX 1980. HOBBS NM 88240
 ISTRICK 11 -
 .O. DRAWER DD. ARTESIA. NM 9
 ISTRICK 111 -
 000 RIO BRAZOS RD., AZTEC. NM

PERATOR; CHEVRON U.S.A. INC.
DDRESS; P.O. BOX 688 EUNICE

PERATOR: CHEVRON U.S.A. INC.
ADDRESS: P.O. BOX 688 EUNICE, NEW MEXICO 88231

POOL: 1466 COUNTY LEQ
TYPE(X) SCH

COMPLETION SPECIAL

SPECIAL

GAS-OIL RATIO TEST

LEASE NAME	WELL NO	U S T	R	DATE OF TEST	STATUS

CHOKE SIZE	TBG PRESS.	LENGTH OF TEST HOURS
1/2	100	10
3/4	100	10
1	100	10
1 1/4	100	10
1 1/2	100	10
1 3/4	100	10
2	100	10
2 1/4	100	10
2 1/2	100	10
2 3/4	100	10
3	100	10
3 1/4	100	10
3 1/2	100	10
3 3/4	100	10
4	100	10
4 1/4	100	10
4 1/2	100	10
4 3/4	100	10
5	100	10
5 1/4	100	10
5 1/2	100	10
5 3/4	100	10
6	100	10
6 1/4	100	10
6 1/2	100	10
6 3/4	100	10
7	100	10
7 1/4	100	10
7 1/2	100	10
7 3/4	100	10
8	100	10
8 1/4	100	10
8 1/2	100	10
8 3/4	100	10
9	100	10
9 1/4	100	10
9 1/2	100	10
9 3/4	100	10
10	100	10
10 1/4	100	10
10 1/2	100	10
10 3/4	100	10
11	100	10
11 1/4	100	10
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12	100	10
12 1/4	100	10
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13	100	10
13 1/4	100	10
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13 3/4	100	10
14	100	10
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15	100	10
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22	100	10
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23	100	10
23 1/4	100	10
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23 3/4	100	10
24	100	10
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24 1/2	100	10
24 3/4	100	10
25	100	10
25 1/4	100	10
25 1/2	100	10
25 3/4	100	10
26	100	10
26 1/4	100	10
26 1/2	100	10
26 3/4	100	10
27	100	10
27 1/4	100	10
27 1/2	100	10
27 3/4	100	10
28	100	10
28 1/4	100	10
28 1/2	100	10
28 3/4	100	10
29	100	10
29 1/4	100	10
29 1/2	100	

	WATER	GRAV OIL	OIL BBL	GAS MCF	GAS-OIL RATIO CU. FT/BBL
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GAS-OIL
RATIO
CU. FT/BBL

INSTRUCTIONS:

DURING GAS-OIL RATIO TEST, EACH WELL SHALL BE PRODUCED AT A RATE NOT EXCEEDING THE TOP UNIT ALLOWABLE FOR THE POOL IN WHICH THE WELL IS LOCATED BY MORE THAN 25 PERCENT. OPERATOR IS ENCOURAGED TO TAKE ADVANTAGE OF THIS 25 PERCENT TOLERANCE IN ORDER THAT WELL CAN BE ASSIGNED INCREASED ALLOWABLES WHEN AUTHORIZED BY THE DIVISION. GAS VOLUMES MUST BE REPORTED IN MCF AT 15.025 PSIA AND A TEMPERATURE OF 80 DEGREES F. SPECIFIC GRAVITY BASE WILL BE 0.60. REPORT CASING PRESSURE IN LIEU OF TUBING PRESSURE FOR ANY WELL PRODUCING THROUGH CASING.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE W. Freeman
 PRINTED NAME AND TITLE W. Freeman Head O.V. & E. Operator
 DATE 5-25-97 TELEPHONE NO. 394-1229

(SEE RULE 301 RULE 1116 AND APPROPRIATE POOL RULES.)