

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 Exp + Prod</u>			Lease <u>Myers Langlie Unit</u>			Well No. <u>61</u>	
Location of Well <u>C</u>			Unit <u>31</u>	Twp <u>23 S</u>	Rge <u>31 E</u>	County <u>USA</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>*Jalmat</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>4</u>	
Lower Compl	<u>Langlie matrix</u>		<u>Inj</u>	<u>-</u>	<u>Tbg</u>	<u>2</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 2-9-93

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>20 #</u>	<u>925 #</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>20 #</u>	<u>925 #</u>
Minimum pressure during test.....	<u>20 #</u>	<u>925 #</u>
Pressure at conclusion of test.....	<u>20 #</u>	<u>925 #</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>NEITHER</u>	<u>NEITHER</u>
Well closed at (hour, date): <u>9:00 AM 2-10-93</u>	Total Time On Production <u>24 Hrs</u>	
Oil Production	Gas Production	
During Test: <u>-</u> bbls; Grav. <u>-</u>	During Test <u>-</u> MCF; GOR <u>-</u>	

Remarks Jalmat zone T.R

FLOW TEST NO. 2

	Upper Completion	Lower Completion
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)	Total time on Production	
Oil production	Gas Production	
During Test: <u>-</u> bbls; Grav. <u>-</u>	During Test <u>-</u> MCF; GOR <u>-</u>	

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

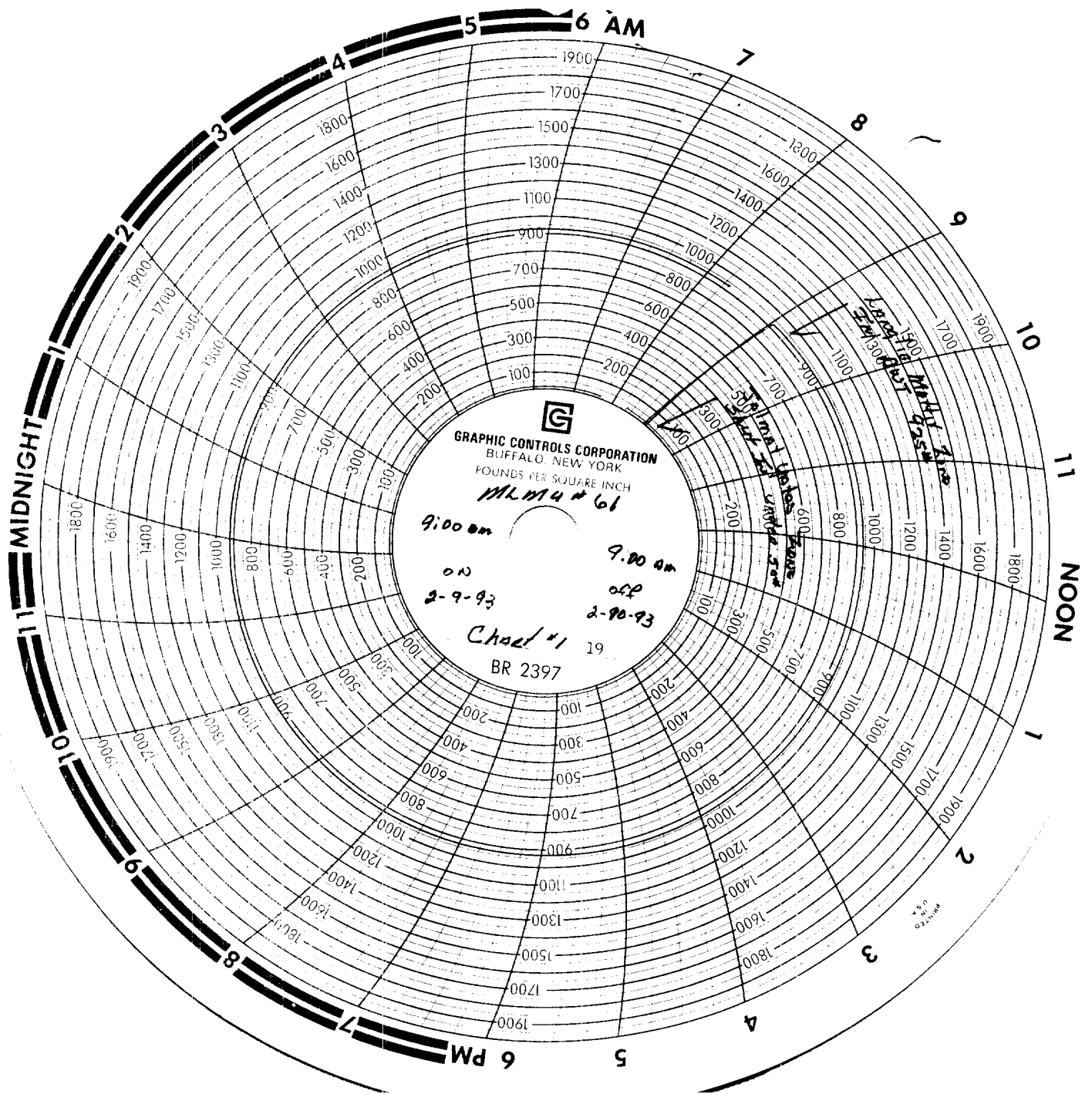
Texaco E. & P. Inc.
Operator
Hollis m. Cox
Signature
Hollis m. Cox Sr. Prod. Super
Printed Name Title
2-16-93 (505) 394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 18 1993

By ORIGINAL SIGNED BY JERRY SE...
DISTRICT I SUPERVISOR

Title



RECEIVED
FEB 10 1993
OCD HOBBS OFFICE