Submit 3 Copies to
Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

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			Lease		Well No.
Texaco Expl. + Prod. Inc			Myers Langlie Mattix Unit EEBly. R/F Fed (Wel-1) Com		91 5
Location of Well	Unit	Sec.	Twp	Rge	County
	K	31	23 S	37 E	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	Jalmat T-Y-SR	Gas	Flow	Tbg	–
Lower Compl	Langlie Mattix SRQNGB	Inj	Inj	Tbg	–

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 3-3-93

Well opened at (hour, date): 9:00 AM 3-4-93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	100#	0
Stabilized? (Yes or No)	NO	yes
Maximum pressure during test	125#	0
Minimum pressure during test	100#	0
Pressure at conclusion of test	50#	0
Pressure change during test (Maximum minus Minimum)	25#	0
Was pressure change an increase or a decrease?	Decrease	Neither

Well closed at (hour, date): 9:00 3-5-93 Total Time On Production 24 Hrs

Oil Production During Test: – bbls; Grav. – Gas Production During Test – MCF; GOR –

Remarks

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 During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

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. Supervisor
Printed Name — Title

3-10-93 — 505-394-2585
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 12 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title