

This form is not to
be used for reporting
packer leakage tests
in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease C.E. PENNY Fed. NCT-4			Well No. 7	
Location of Well	Unit D	Sec 19	Twp 25	Rge 38	County 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	Justis Blinebry	oil	* Shut-in	Tbg	-		
Lower Compl	Justis Tubb-Drinkard	oil	* Shut-in	Tbg	-		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): **9:30 AM 5-7-73**

Well opened at (hour, date): **Both zones standing T.A.**

Upper Completion	Lower Completion
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Indicate by (X) the zone producing.....

Pressure at beginning of test..... **psi... Shut-in press... 15 1125**

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
Oil Production Gas Production
Production

During Test:..... bbls; Grav.....; During Test..... MCF; GOR.....

Remarks *** Justis (Blinebry & Tubb-Drinkard) both zones are temporarily abandoned.**

FLOW TEST NO. 2

Well opened at (hour, date):.....

Upper Completion	Lower Completion
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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
Oil Production Gas Production
Production

During Test:..... bbls; Grav.....; During Test..... MCF; GOR.....

Remarks **Annual Zone Segregation Test**

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

Approved _____ 19 _____ nm
New Mexico Oil Conservation Commission

By _____
Title _____

Operator **TEXACO Inc.**
By **[Signature]**
Title **ASST. DIST. SUPERINTENDENT**
Date **TEXACO Inc. MAY 18 1973**