

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 Expl + Prod Inc</u>		Lease <u>G.W. Sims</u>			Well No. <u>1</u>	
Location of Well	Unit <u>B</u>	Sec. <u>9</u>	Twp <u>23^S</u>	Rge <u>37^E</u>	County <u>Lea</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>N. Torrey</u>	<u>GAS</u>	<u>Flow</u>	<u>TBq</u>		
Lower Compl	<u>N. Torrey</u>	<u>OIL</u>	<u>Flow</u>	<u>TBq</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 1-9-95

Well opened at (hour, date): 9:00 AM 1-10-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>1500 #</u>	<u>1350 #</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>No</u>
Maximum pressure during test.....	<u>1560 #</u>	<u>1560 #</u>
Minimum pressure during test.....	<u>1100 #</u>	<u>1550 #</u>
Pressure at conclusion of test.....	<u>840 #</u>	<u>1620 #</u>
Pressure change during test (Maximum minus Minimum).....	<u>460 #</u>	<u>10 #</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Decrease</u>
Well closed at (hour, date): <u>9:00 AM 1-11-95</u>	Total Time On Production <u>24 Hrs</u>	
Oil Production During Test: <u>42</u> bbls; Grav. <u>42.7 %</u>	Gas Production During Test <u>1332</u>	MCF; GOR <u>31, 714</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 AM - 1-12-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>1540 #</u>	<u>1680 #</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>1620 #</u>	<u>1680 #</u>
Minimum pressure during test.....	<u>1620 #</u>	<u>1140 #</u>
Pressure at conclusion of test.....	<u>1620 #</u>	<u>1080 #</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>540 #</u>
Was pressure change an increase or a decrease?.....	<u>Neither</u>	<u>Decrease</u>
Well closed at (hour, date): <u>9:00 AM 1-13-95</u>	Total time on Production <u>24 Hrs</u>	
Oil production During Test: <u>1</u> bbls; Grav. <u>42.7 %</u>	Gas Production During Test <u>1102</u>	MCF; GOR <u>1102</u>

Remarks _____

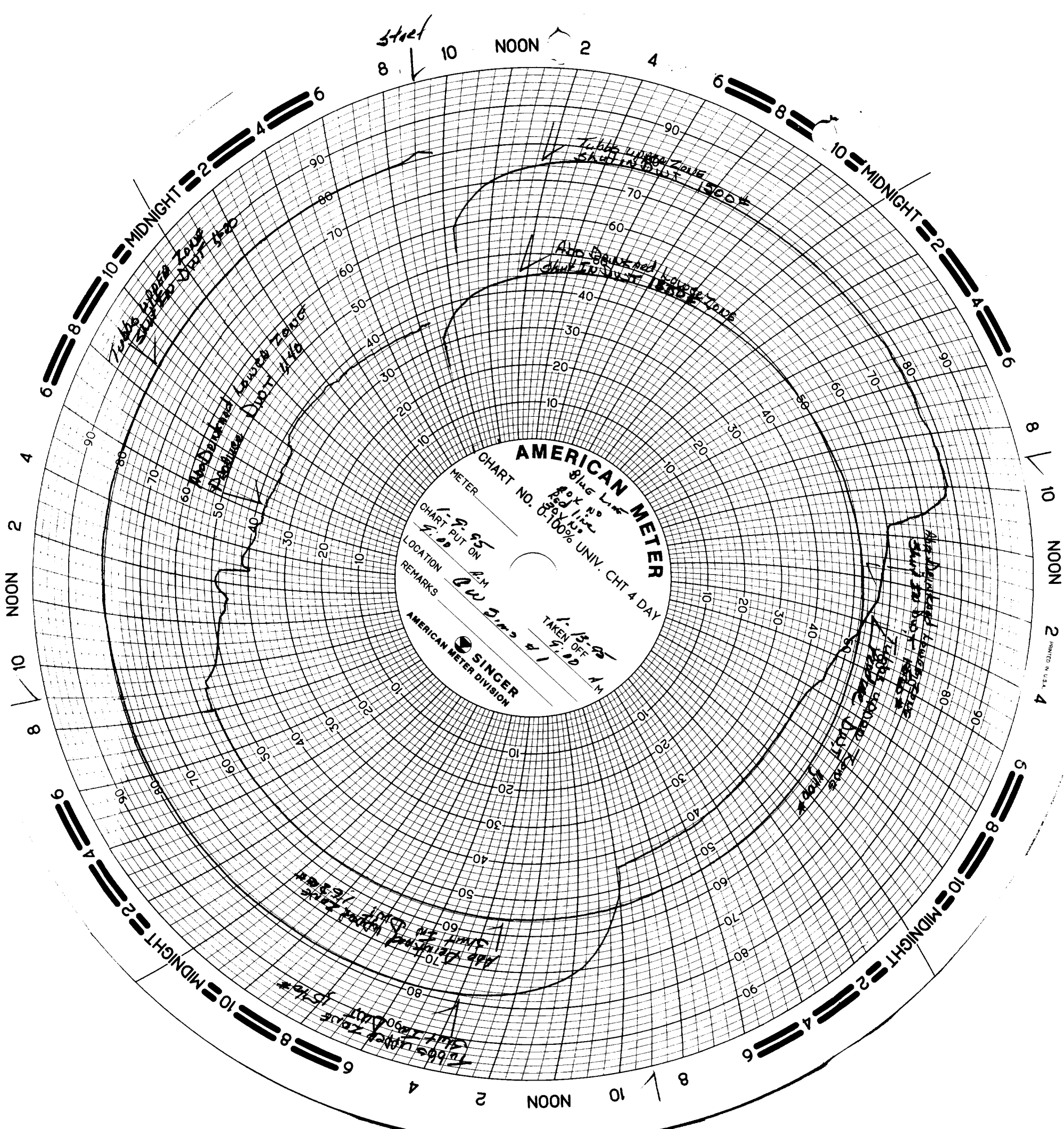
OPERATOR CERTIFICATE OF COMPLIANCE

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

Texaco E & P Inc.
Operator
P.W. Minchen
Signature
P.W. Minchen Sr. Prop Sup.
Printed Name Title
1-18-95 394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 01 1995
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____



RECEIVED
JAN 18 1995
UCCD HOBBS
OFFICE