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.			BF Harrison B		15
Location of Well: Unit	Sec.	Twp	Rge	County	
P	5	23S	37E	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	N Teague Lwr Tubbs Assoc	OIL	Plunger Lift Flow	TBG	27/64
Lower Compl	N Teague Lwr Drinkard Assoc	OIL	Flow	TBG	1"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 4-11-95

Well opened at (hour, date): 8:30 AM 4-12-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	900#	1350#
Stabilized? (Yes or No)	No	No
Maximum pressure during test	820#	1020#
Minimum pressure during test	420#	480#
Pressure at conclusion of test	700#	480#
Pressure change during test (Maximum minus Minimum)	400#	540#
Was pressure change an increase or a decrease?	Decrease	Decrease

Well closed at (hour, date): 8:30 AM 4-12-95 Total Time On Production 24 Hrs

Oil Production During Test: 57 bbls; Grav. 47.3 Gas Production During Test 850 MCF; GOR 14,912/1

* Remarks Tubbs zone flow on plunger lift.

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 Expl. & Prod. Inc.
Operator

Clifford Johnson
Signature

Clifford Johnson Prod. Supervisor
Printed Name Title

4-18-95 505-394-2585
Date Telephone No.

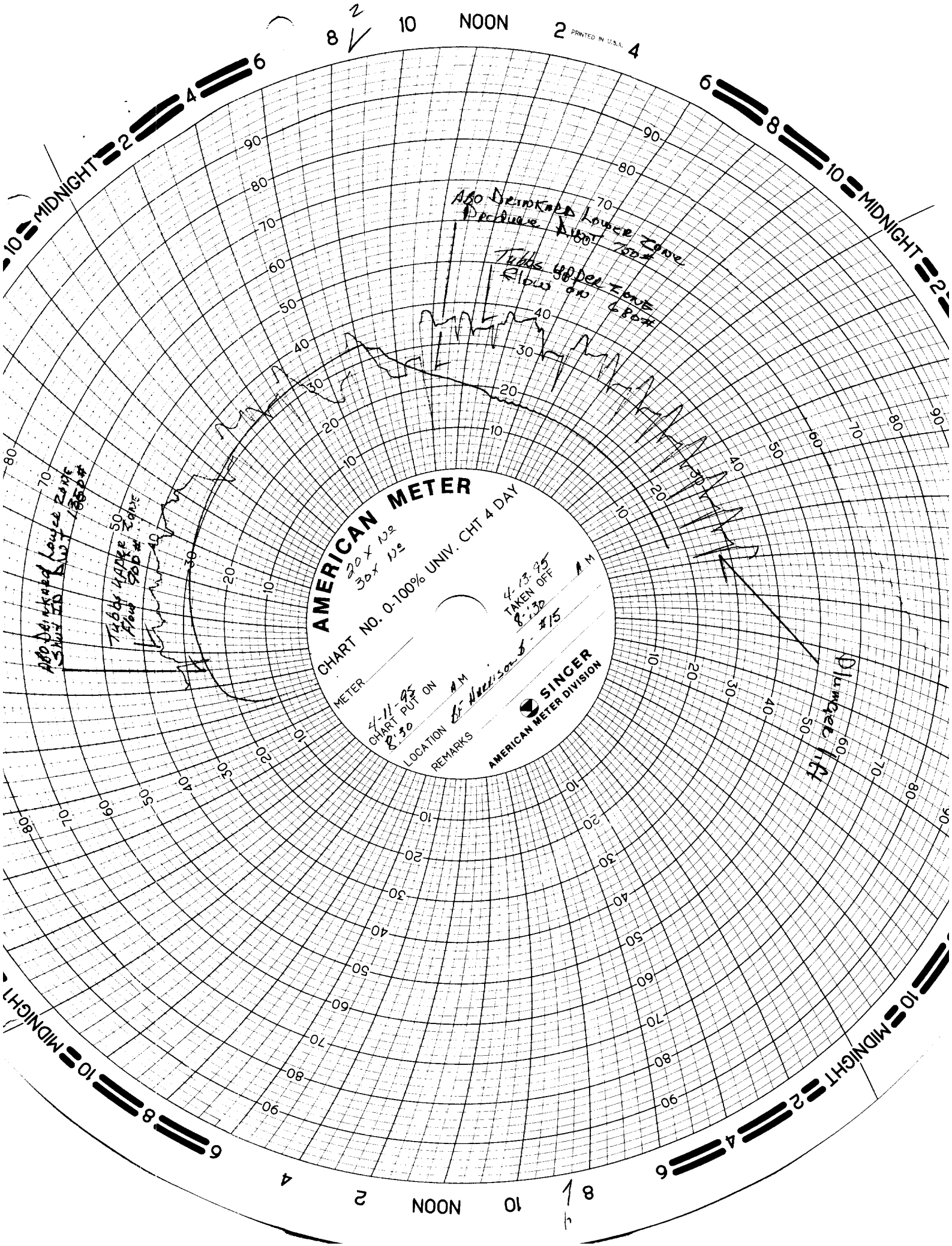
OIL CONSERVATION DIVISION

MP

Date Approved MAY 04 1995

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____


AMERICAN METER
CHART NO. 0-100% UNIV. CHT 4 DAY
20 x 12
30 x 12
METER
4-11-95
CHART PUT ON 8:30 AM
LOCATION E. Harrison #15
REMARKS
4-13-95
TAKEN OFF 8:30 AM
SINGER
AMERICAN METER DIVISION
ABO Drinkard Lower Zone
Tubb Upper Zone
Blinebry
NOON
MIDNIGHT
PRINTED IN U.S.A.