

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 Exploration Production G W Sims</u>		Lease <u>G W Sims</u>		Well No. <u>4</u>	
Location of Well <u>C</u>	Unit <u>9</u>	Sec. <u>23</u>	Twp <u>37</u>	Rge <u>E</u>	County <u>LEA</u>
Name of Reservoir or Pool <u>Wagoner Lower Paddock</u>		Type of Prod. (Oil or Gas) <u>OIL</u>	Method of Prod. Flow, Art Lift <u>Flow</u>	Prod. Medium (Tbg. or Csg) <u>TBG</u>	Choke Size
Upper Compl <u>11/15/96</u>					
Lower Compl <u>11/15/96</u>					

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM 4-15-96

Well opened at (hour, date): 9:30 AM 4-16-96

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): 9:30 AM 4-17-96

Oil Production
During Test: 2 bbls; Grav. 38°

Total Time On
Production

Gas Production
During Test 11

MCF; GOR 5500

Remarks * Flow with Antimeter

Upper
Completion

Lower
Completion

X

388

622

NO

NO

410

695

210

685

40

750

200

10

Decrease

Decrease

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM 4-18-96

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): 9:30 AM 4-19-96

Oil production
During Test: 1 bbls; Grav. 43°

Total time on
Production

Gas Production
During Test 11

MCF; GOR 11

Remarks

Upper
Completion

Lower
Completion

X

178

745

NO

NO

300

800

265

100

300

5

35

700

Decrease

Decrease

OPERATOR CERTIFICATE OF COMPLIANCE

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

TEXACO Exp. & Prod. Inc.

Operator

Clifford Johnson

Signature

Clifford Johnson

Printed Name

Prop.

Superv.

Title

OIL CONSERVATION DIVISION

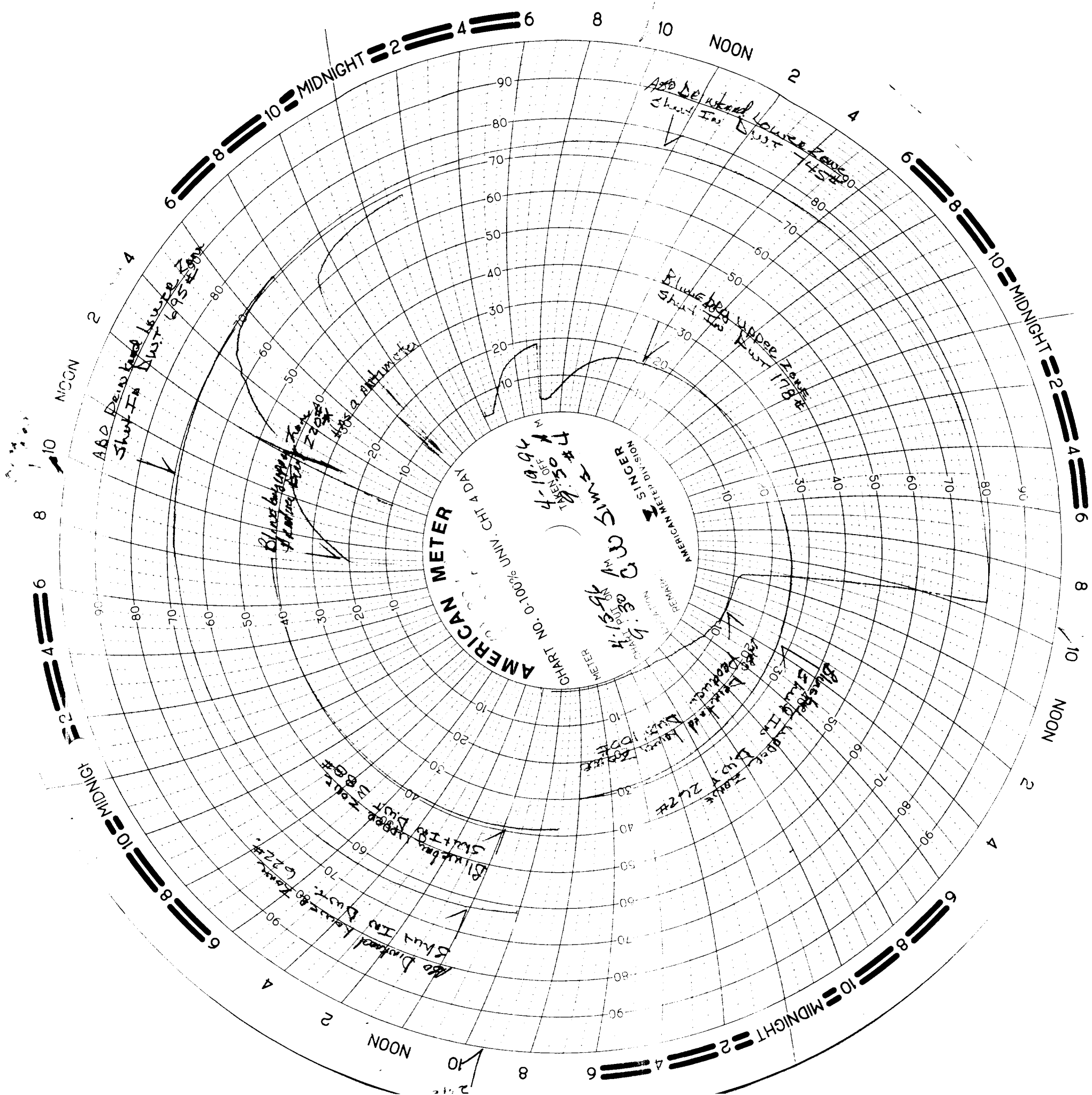
MAY 06 1996

Date Approved

By CLAYTON E. JENKINS

DISTRICT SUPERVISOR

Title



Received
Hobbs
OCD

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2/2/20