

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 & PRODUCING, INC.</u>	Lease <u>UNITED ROYALTY "A"</u>	Well No. <u>3</u>
Location of Well <u>Unit F</u>	Sec. <u>24 S</u>	Rge. <u>38 E</u>
County <u>LEA</u>	Prod. Medium (Tbg. or Csg) <u>T.B.G.</u>	Choke Size <u>~</u>
Name of Reservoir or Pool <u>DOLLARHIDE QUEEN SAND</u>	Type of Prod. (Oil or Gas) <u>OIL *</u>	Method of Prod. Flow, Art Lift <u>T.A.</u>
Upper Compl <u>DOLLARHIDE TURB DRINKARD</u>	Water Int <u>INTJ</u>	Prod. Medium (Tbg. or Csg) <u>T.B.G.</u>
Lower Compl		

FLOW TEST NO. 1

24 HR. CHART PIC 01
Both zones shut in at (hour, date): 4-2-97

Well opened at (hour, date):	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>SI</u>	<u>SI</u>
Pressure at beginning of test.....	<u>160</u>	<u>200</u>
Stabilized? (Yes or No).....	<u>Y</u>	<u>Y</u>
Maximum pressure during test.....	<u>160</u>	<u>200</u>
Minimum pressure during test.....	<u>160</u>	<u>200</u>
Pressure at conclusion of test.....	<u>160</u>	<u>200</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>NEITHER</u>	<u>NEITHER</u>
Well closed at (hour, date): <u>4-3-97</u>	Total Time On Production <u>NONE</u>	
Oil Production During Test: _____ bbls; Grav. _____	Gas Production During Test: _____	MCF; GOR _____
Remarks <u>THE WELL SHUT IN SINCE 2-1-93</u>		

FLOW TEST NO. 2

Well opened at (hour, date):	Upper Completion	Lower Completion
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 <u>* UNITED ROYALTY "A" TRD 1-7-72 HELD FOR SR</u>		

ANNUAL ZONE DEGRADATION TEST

OPERATOR CERTIFICATE OF COMPLIANCE

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

TEXACO Exploration & Producing, Inc.
Operator
Augustine S. Venegas
Signature
AUGUSTINE S. VENEGAS WELL TECH.
Printed Name
4-2-97
Date
505-394-2585
Telephone No.

OIL CONSERVATION DIVISION

APR 10 1997

Date Approved _____
By ORIGINAL SIGNATURE
DISTRICT SUPERVISOR
Title _____



