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 EXPLORATION & PRODUCTION		UNITED ROYALTY 'A' WEST DOLLARHIDE DRINKARD UNIT		5
Location of Well: Unit	Sec.	Twp	Rge	County
F	19	24S	38 E	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	DOLLARHIDE QUEEN SAND	OIL*	T.A.	TBG.	—
Lower Compl	DOLLARHIDE TUBB DRINKARD	& WATER INJ.	S.I	TBG.	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 24 HOUR CHART PUT ON 4-23-96

Well opened at (hour, date): BOTH ZONES SHUT IN

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		
Pressure at beginning of test	180	180
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	180	180
Minimum pressure during test	180	180
Pressure at conclusion of test	180	180
Pressure change during test (Maximum minus Minimum)	Ø	Ø
Was pressure change an increase or a decrease?	NIETHER	NIETHER

Well closed at (hour, date): CHART REMOVED 4-24-96 Total Time On Production: TEST = 24 HOURS

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks: ANNUAL ZONE SEGREGATION TEST " FAILED "

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: * UNITED ROYALTY 'A' TRO 1-7-72 HELD FOR S.R.
* DOLLARHIDE TUBB DRINKARD # 5 WIW S.I. 4-94

OPERATOR CERTIFICATE OF COMPLIANCE

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

TEXACO EXPLORATION & PRODUCTION
Operator

Robert M Parker
Signature

ROBERT M. PARKER — FIELD TECHNICIAN
Printed Name — Title

5-7-96 — 505-369-6162

OIL CONSERVATION DIVISION

MAY 16 1996
Date Approved

By ORIGINAL SIGNED BY GARY WINK FIELD REP. II

Title