

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Texaco Inc.</u>				Lease <u>New Mexico BZ" St NCT-10</u>		Well No. <u>3</u>	
Location of Well		Unit <u>L</u>	Sec <u>2</u>	Twp <u>25</u>	Rge <u>31</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>Justin Blinberry</u>		<u>Oil</u>	<u>Flow</u>	<u>Tbg.</u>	<u>1 1/2"</u>	
Lower Compl	<u>Justin Tubb-Dunkard</u>		<u>Oil</u>	<u>Art Lift</u>	<u>Tbg.</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 3-1-71

Well opened at (hour, date): 10:00 AM 3-2-71 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X

Pressure at beginning of test..... 1010 110

Stabilized? (Yes or No)..... No Yes

Maximum pressure during test..... 1010 110

Minimum pressure during test..... 50 110

Pressure at conclusion of test..... 60 110

Pressure change during test (Maximum minus Minimum)..... 960 0

Was pressure change an increase or a decrease?..... decrease —

Well closed at (hour, date): 10:00 AM 3-3-71 Total Time On Production 24 hrs

Oil Production Gas Production

During Test: 20 bbls; Grav. 33; During Test 44 MCF; GOR 2200

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM 3-4-71 Upper Completion Lower Completion

Indicate by (X) the zone producing..... X

Pressure at beginning of test..... 1060 125

Stabilized? (Yes or No)..... No Yes

Maximum pressure during test..... 1150 125

Minimum pressure during test..... 1060 20

Pressure at conclusion of test..... 1150 20

Pressure change during test (Maximum minus Minimum)..... 90 105

Was pressure change an increase or a decrease?..... increase decrease

Well closed at (hour, date): 2:30 PM 3-4-71 Total time on Production 4 hrs 30 min

Oil Production Gas Production

During Test: 1 bbls; Grav. 33; During Test TSTM MCF; GOR —

Remarks Annual Zone Segregation Test

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

Approved _____ 19 _____
New Mexico Oil Conservation Commission

Operator TEXACO INC.
By J. Schaffner
Title ASST. DIST. Supt.
Date 3-11-71

By [Signature]
Title _____

[illegible]

Case	Age	Sex	Duration of symptoms	Onset	Course	Response to treatment	Outcome
1	10	F	10 years	1970	Chronic	Partial	Seizures
2	12	M	12 years	1972	Chronic	Partial	Seizures
3	15	F	15 years	1975	Chronic	Partial	Seizures
4	18	M	18 years	1978	Chronic	Partial	Seizures
5	20	F	20 years	1980	Chronic	Partial	Seizures
6	22	M	22 years	1982	Chronic	Partial	Seizures
7	25	F	25 years	1985	Chronic	Partial	Seizures
8	28	M	28 years	1988	Chronic	Partial	Seizures
9	30	F	30 years	1990	Chronic	Partial	Seizures
10	32	M	32 years	1992	Chronic	Partial	Seizures
11	35	F	35 years	1995	Chronic	Partial	Seizures
12	38	M	38 years	1998	Chronic	Partial	Seizures
13	40	F	40 years	2000	Chronic	Partial	Seizures
14	42	M	42 years	2002	Chronic	Partial	Seizures
15	45	F	45 years	2005	Chronic	Partial	Seizures
16	48	M	48 years	2008	Chronic	Partial	Seizures
17	50	F	50 years	2010	Chronic	Partial	Seizures
18	52	M	52 years	2012	Chronic	Partial	Seizures
19	55	F	55 years	2015	Chronic	Partial	Seizures
20	58	M	58 years	2018	Chronic	Partial	Seizures

OIL CONSERVATION COMM.
HOBBS, N. M.