

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator TEXACO Inc.			Lease New Mexico "BZ" ST NCT-10			Well No. 4	
Location of Well	Unit M	Sec 2	Twp 25	Rge 37	County 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	Justis Blinebry		Oil	Art. Lift	Csg	-	
Lower Compl	Justis Tubb-Drinkard		Oil	Art. Lift	Csg	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:30 AM 3-12-73

Well opened at (hour, date): 7:30 AM 3-13-73

Upper Completion	Lower Completion
X	
Pressure at beginning of test..... p.s.i. 600	0
Stabilized? (Yes or No)..... NO	Yes
Maximum pressure during test..... p.s.i. 600	0
Minimum pressure during test..... p.s.i. 45	0
Pressure at conclusion of test..... p.s.i. 45	0
Pressure change during test (Maximum minus Minimum) p.s.i. 555	0
Was pressure change an increase or a decrease?..... decrease	-
Well closed at (hour, date): 12:30 PM 3-13-73	Total Time On Production 5 hrs.
Oil Production	Gas Production
During Test: 2 bbls; Grav. 38.2	During Test 7 MCF; GOR 3500
Remarks	

FLOW TEST NO. 2

Well opened at (hour, date): 7:30 AM 3-14-73

Upper Completion	Lower Completion
	X
Pressure at beginning of test..... p.s.i. 240	0
Stabilized? (Yes or No)..... Yes	Yes
Maximum pressure during test..... p.s.i. 240	0
Minimum pressure during test..... p.s.i. 240	0
Pressure at conclusion of test..... p.s.i. 240	0
Pressure change during test (Maximum minus Minimum) p.s.i. 0	0
Was pressure change an increase or a decrease?.....	-
Well closed at (hour, date): 12:45 PM 3-14-73	Total time on Production 5 hrs 15 min
Oil Production	Gas Production
During Test: 1 bbls; Grav. 38.3	During Test 1 MCF; GOR 1000
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 _____ nm
New Mexico Oil Conservation Commission

By _____
Title _____

Operator TEXACO Inc.

By _____

Title ASST. DIST. SUPERINTENDENT

Date TEXACO Inc. MAR 23 1973