

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Zone Segregation

Completion Test

Operator TEXACO INC.				Lease C.C. Frisbee A" (NOT-2)		Well No. 7	
Location of Well		Unit A	Sec 3	Twsp 25-S	Rge 37-E	County Lara	
	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	North Justis Blinbry		Oil	Flow	Csg (2 7/8")	14/64	
Lower Compl	North Justis Tubb Drinkard		Oil	Flow	Csg (2 7/8")	14/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:55 AM (4-1-64)

	Upper Completion	Lower Completion
Well opened at (hour, date): 10:30 AM (4-2-64)		
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	60	80
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	60	0
Minimum pressure during test.....	60	0
Pressure at conclusion of test.....	60	0
Pressure change during test (Maximum minus Minimum).....	0	0
Was pressure change an increase or a decrease?.....	—	—
Well closed at (hour, date): 2:20 PM (4-2-64)	Total Time On Production 3 hrs 50 min	
Oil Production	Gas Production	
During Test: 0 bbls; Grav. —	During Test 0 MCF; GOR —	
Remarks Well did not flow. Pumping equipment to be installed.		

FLOW TEST NO. 2

Well opened at (hour, date): 2:00 PM (4-3-64)	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	10	70
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0	75
Minimum pressure during test.....	0	70
Pressure at conclusion of test.....	0	75
Pressure change during test (Maximum minus Minimum).....	0	5
Was pressure change an increase or a decrease?.....	—	increase
Well closed at (hour, date): 4:30 PM (4-3-64)	Total time on Production 2 hrs 30 min	
Oil Production	Gas Production	
During Test: 0 bbls; Grav. —	During Test 0 MCF; GOR —	
Remarks Well did not flow. Pumping equipment to be installed.		

Pressure decrease during shut-in period (Blinbry zone) due to choke leak.

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

By _____
Title _____

Operator TEXACO INC.
By _____
Title Assist. Dist. Superintendent
Date 4-8-64

HOBBS OFFICE O. C. C.
Apr 9 10 23 AM '64