

Operator TEXACO INC			Lease C.C. FRISTOE 'B' FEDERAL NCT-2			Well No. 11	
Location of Well	Unit F	Sec 35	Twp 24S	Rge 37E	County LEA		
Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift		Prod. Medium (Thg or Gas)		
Upper Compl	LANGLIE MATTIX		SHUT IN *		CSG		
Lower Compl	JUSTIS BLINERY		ART LIFT		CSG		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 3-26-84

Well opened at (hour, date): 8:00 AM 3-27-84

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	<u>245</u>	<u>330</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>250</u>	<u>330</u>
Minimum pressure during test.....	<u>245</u>	<u>45</u>
Pressure at conclusion of test.....	<u>250</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>+ 5</u>	<u>- 285</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>1:00 PM 3-27-84</u>	Total Time On Production <u>5 hrs</u>	
Oil Production	Gas Production	
During Test: <u>2</u> bbls; Grav. <u>38.2</u>	During Test <u>8</u> MCF; GOR <u>4000</u>	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
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	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks <u>* LANGLIE MATTIX ASD 3-30-85 (HELD FOR SR)</u>		

ANNUAL ZONE SEGREGATION TEST

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

Approved APR 10 1984 19
New Mexico Oil Conservation Commission

Operator TEXACO INC

By [Signature]

Title Assistant District Manager

ORIGINAL SIGNED BY JERRY SEXTON