

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2098
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>TEXACO PRODUCING INC</u>		Lease <u>MYERS LANGHE MATTIX UNIT</u> <u>JD YOUNG</u>		Well No. <u>179</u> <u>3</u>	
Location of Well	Unit <u>0</u>	Sec. <u>5</u>	Twp <u>24S</u>	Rge <u>37E</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>JAL MAT</u>		<u>GAS</u>	<u>Flow</u>	<u>Csg</u>
Lower Compl	<u>LANGHE MATTIX</u>		<u>INI</u>	<u>INI</u>	<u>Tbg</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:15 2-15-91

Well opened at (hour, date): NA

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>160 #</u>	<u>715 #</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>160 #</u>	<u>715 #</u>
Minimum pressure during test.....	<u>160 #</u>	<u>715 #</u>
Pressure at conclusion of test.....	<u>160 #</u>	<u>715 #</u>
Pressure change during test (Maximum minus Minimum).....	<u>NONE</u>	<u>NONE</u>
Was pressure change an increase or a decrease?.....	<u>NEITHER</u>	<u>NEITHER</u>
Well closed at (hour, date): <u>NA</u>	Total Time On Production _____	
Oil Production During Test: _____ bbls; Grav. _____	Gas Production During Test _____ MCF; GOR _____	

Remarks PRESSURE SPIKE CAUSE METER HOSE FREEZING (24 HRS SHUT IN CHART)

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

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Texaco Exploration and Prod. Inc.

Operator

Hollis M. Cox

Signature

Hollis M. Cox Sr. Prod. Sup.

Printed Name

Title

3-8-91

Date

394-2585

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

MAR 13 1991

Orig. Signed by
Paul Kautz
Geologist

By

Title

RECEIVED

MAR 11 1991

OCN

HOBBY C. 12