

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

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

OIL CONSERVATION DIVISION

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

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 LANGLIE MATTIX UNIT</u> <u>SE TORY</u>			Well No. <u>244</u> <u>1</u>	
Location of Well	Unit <u>M</u>	Sec. <u>7</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>J2L MAT</u>		<u>GAS</u>	<u>Flow</u>	<u>C39</u>	<u>—</u>	
Lower Compl	<u>LANGLIE MATTIX</u>		<u>INJ</u>	<u>—</u>	<u>Tbg</u>	<u>—</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 A.M. 2-21-91

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>NA</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>50#</u>	<u>1055#</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>50#</u>	<u>1055#</u>
Minimum pressure during test.....	<u>50#</u>	<u>1055#</u>
Pressure at conclusion of test.....	<u>50#</u>	<u>1055#</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	Gas Production	
During Test: <u>—</u> bbls; Grav. <u>—</u>	During Test <u>—</u>	MCF; GOR <u>—</u>
Remarks <u>24 WRS SHUT IN CHART</u>		

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: <u>—</u> bbls; Grav. <u>—</u>	During Test <u>—</u>	MCF; GOR <u>—</u>
Remarks		

OPERATOR CERTIFICATE OF COMPLIANCE

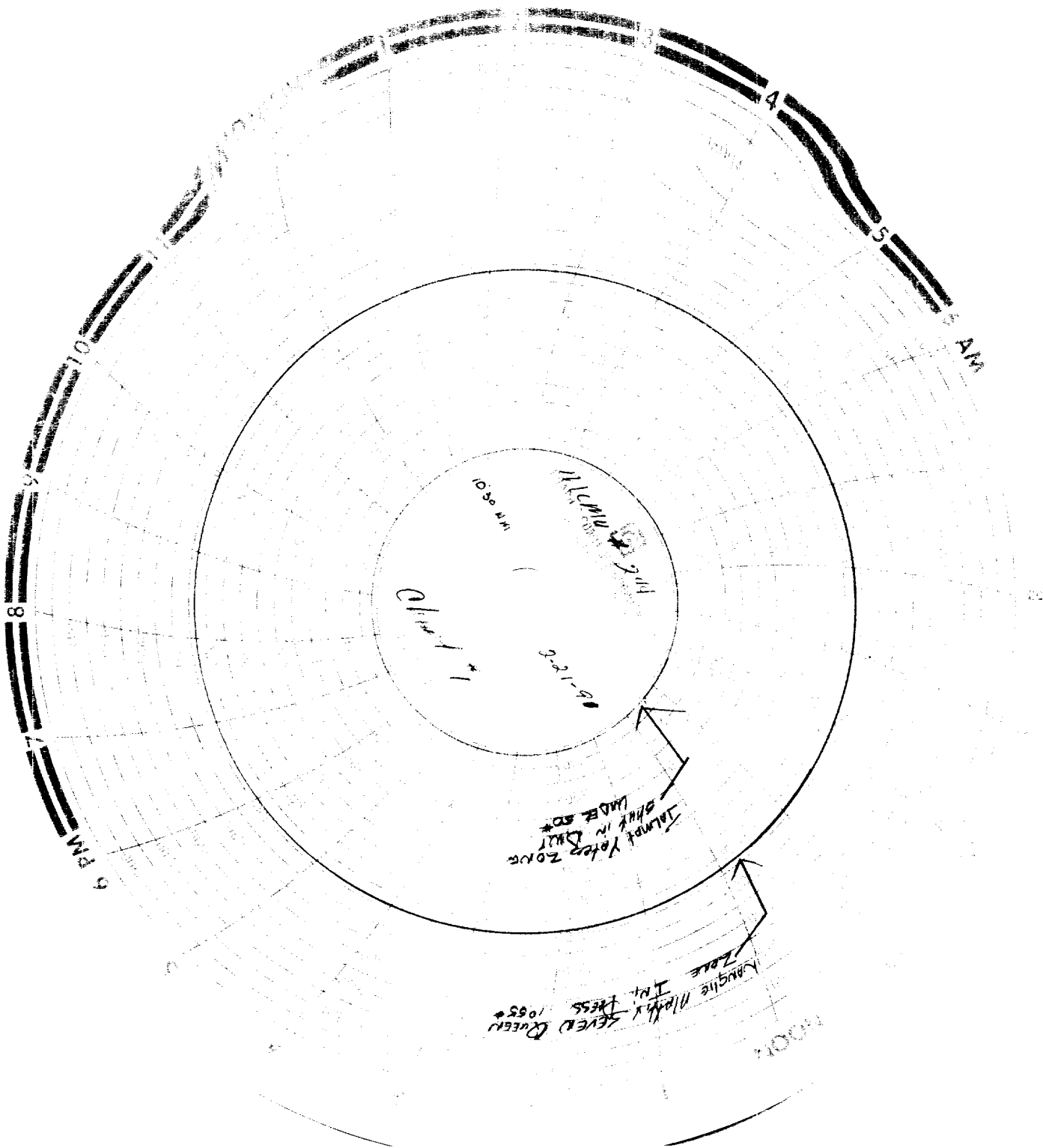
I hereby certify that the information contained herein is true
and completed to the best of my knowledge

Texaco Exploration and Prod. Inc.
Operator
Hollis M. Cox
Signature
Hollis M. Cox SR. Prod. Sup.
Printed Name Title
3-8-91 394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 13 1991

Date Approved
Orig. Signed by
By Paul Kautz
Geologist
Title



APR 1 1997
MAR 1 1 1997
CO
MOBILE