

Operator <u>TEXACO Producing Inc</u>			Lease <u>SE TCB</u>			Well <u>240</u> No. <u>1</u>	
Location of Well	Unit <u>M</u>	Suc <u>7</u>	Twp <u>24</u>	Rge <u>37</u>	County <u>LEA</u>		
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Thg or Cap)	Choke Size	
Upper Compl	<u>Talmer-T-4-SR</u>		<u>Gas</u>	<u>Flow</u>	<u>Gas</u>		
Lower Compl	<u>Laurel-Miller-SRONGA</u>		<u>Oil</u>	<u>2</u>	<u>TBL</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 1-23-90

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>YES</u>	<u>885</u>
Stabilized? (Yes or No).....	<u>0</u>	<u>YES</u>
Maximum pressure during test.....	<u>0</u>	<u>950</u>
Minimum pressure during test.....	<u>0</u>	<u>940</u>
Pressure at conclusion of test.....	<u>0</u>	<u>950</u>
Pressure change during test (Maximum minus Minimum).....	<u>NOW</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>NEITHER</u>	<u>DECREASE</u>
Total Time On Production <u>24</u>		
Well closed at (hour, date): <u>10:30 AM 1-24-90</u>		
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. <u>0</u> ; During Test <u>0</u> MCF; GOR <u>0</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?.....		
Total time on Production		
Well closed at (hour, date)		
Oil Production	Gas Production	
During Test: bbls; Grav.; During Test MCF; GOR		
Remarks		

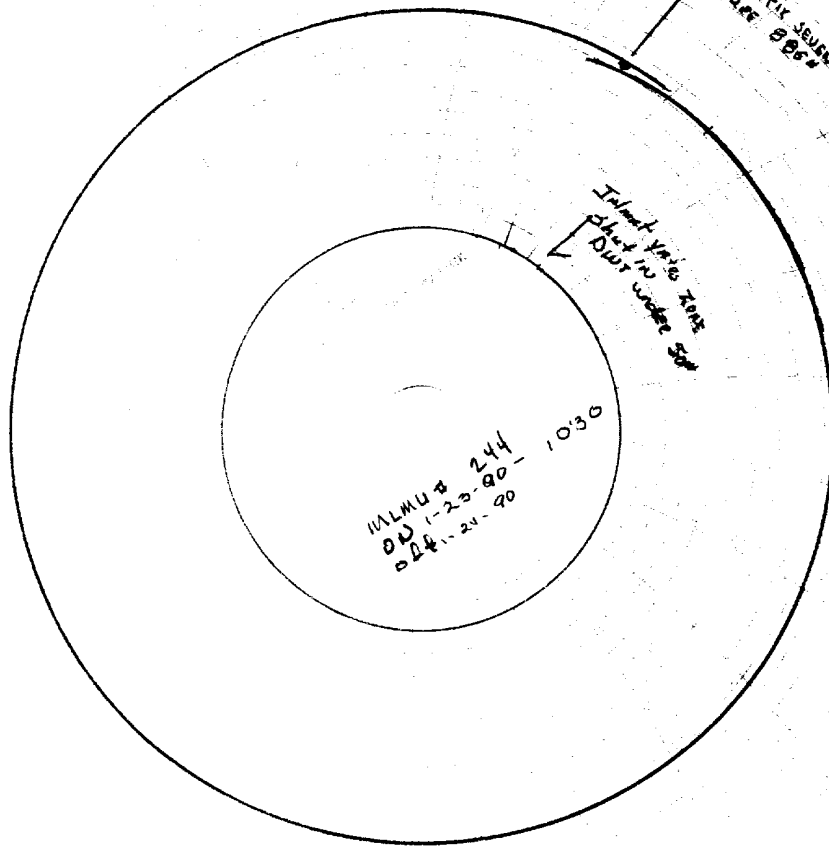
I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved 19
New Mexico Oil Conservation Commission

Operator Texaco Prod. Inc.
By Hollis M. Cox

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT SUPERVISOR

Title Production Supervisor
Date 2-1-90



MLMU 244
00 1-23-90-1030
024-24-90

Longle MATTER SEVERAL ZONE
Ink Zone Zone

Ink Zone Zone
Ink Zone Zone

RECEIVED

FEB 5 1990

INVESTIGATIVE
DIVISION