

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

OIL CONSERVATION DIVISION
P.O. Box 2088
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 EXPL. & PROD. / Chevron</u>			Lease <u>MYERS LONGUE MATTHEW UNIT</u>			Well No. <u>248</u>	
Location of Well		Unit <u>M</u>	Sec. <u>8</u>	Twp <u>24 S</u>	Rge <u>37 E</u>	County <u>LUNA</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>Jalmar T-y-52</u>				<u>GAS</u>	<u>Flow</u>	<u>Csg</u>	<u>-</u>
Lower Compl <u>Longue Mattheu-DFUNG3</u>				<u>Ini</u>	<u>Ini</u>	<u>Tbg</u>	<u>-</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	<u>9:00 AM 2-16-93</u>	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>9:00 AM 2-17-93</u>		<u>X</u>
Indicate by (X) the zone producing.....			
Pressure at beginning of test.....		<u>45 #</u>	<u>625 #</u>
Stabilized? (Yes or No).....		<u>YES</u>	<u>YES</u>
Maximum pressure during test.....		<u>45 #</u>	<u>625 #</u>
Minimum pressure during test.....		<u>10 #</u>	<u>625 #</u>
Pressure at conclusion of test.....		<u>10 #</u>	<u>625 #</u>
Pressure change during test (Maximum minus Minimum).....		<u>35 #</u>	<u>- 0 -</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>	<u>NEITHER</u>
Well closed at (hour, date):	<u>9:00 AM 2-18-93</u>	Total Time On Production	<u>24 Hrs</u>
Oil Production	Gas Production		
During Test: _____ bbls; Grav. _____	During Test _____	MCF; GOR	<u>-</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date):	Upper Completion	Lower Completion
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 _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Texaco E.I.P. Inc.
Operator

Hollis M. Cox
Signature

Hollis M. Cox SR. Prod. Super.
Printed Name Title

3-4-93 505-394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 08 1993

Date Approved _____

By Paul Kanta
Orig. Signed by
Geologist

Title _____

RECEIVED

MAR 04 1993

CCP HOBBBS OFFICE