Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
TEXAC EXPL. & PROD (Chevron USA)			Myers Langlie Mattix Unit Fowler Hair		RRB 1
Location of Well	Unit	Sec.	Twp	Rge	County
	M	8	24S	37E	LEA

	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	Jalmat T[illegible]	Gas	Flow	Csg	—
Lower Compl	Langlie Mattix Seven Rivers Qu	—	—	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 2-10-92

Well opened at (hour, date): 8:30 AM 2-11-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	45#	975#
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	50	975#
Minimum pressure during test	40#	975#
Pressure at conclusion of test	40#	975#
Pressure change during test (Maximum minus Minimum)	-5	-0-
Was pressure change an increase or a decrease?	Decrease	Neither

Well closed at (hour, date): 8:30 AM 2-11-92 Total Time On Production 24 Hrs

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

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 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 Exp. & Prod. Inc.
Operator

Hollis M. Cox
Signature

Hollis M. Cox — Sr. Prod. Supv.
Printed Name — Title

2-13-92 — 394-2585
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 '92

By Signed by Paul Kautz Geologist

Title _____