

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 EXP + Prod + Marketing Co.</u>			Lease <u>Myers Langlie Matrix Unit</u>			Well No. <u>214</u>		
Location of Well <u>E</u>			Unit <u>8</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 (Tbg. or Csg)			Choke Size					
Upper Compl <u>TALMAT T-y-SR</u>			<u>GAS</u>			<u>Flow</u>		
Lower Compl <u>Langlie Matrix SR-NGR Ini</u>			<u>Ini</u>			<u>Tbg</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 1-5-92

Well opened at (hour, date): 9:00 AM 1-6-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>50#</u>	<u>1230#</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>90#</u>	<u>1230#</u>
Minimum pressure during test.....	<u>30#</u>	<u>1230#</u>
Pressure at conclusion of test.....	<u>30#</u>	<u>1280#</u>
Pressure change during test (Maximum minus Minimum).....	<u>60#</u>	<u>-0-</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>NEITHER</u>
Well closed at (hour, date):	Total Time On Production	
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

Texasco EXP + Prod. INC.
Operator
Hollis M. Cox
Signature
Hollis M. Cox S.R. Prod. Super.
Printed Name Title
2-13-92 394-2585
Date Telephone No.

3 OIL CONSERVATION DIVISION

Date Approved FEB 20 1992
Orig. Signed by
By Paul Kautz
Geologist
Title _____