

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Anadarko Petroleum Corporation			Lease Langley Getty Com			Well No. 1
Location of Well	Unit N	Sec. 21	Twp 22s	Rge 36e	County 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	Langley Devonian		Gas	Flow	Tbg	-
Lower Compl	Langley Ellenberger		Gas	Flow	Tbg	18/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 8/26/97

Well opened at (hour, date): 9:00 AM 8/27/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	1250	130
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	1250	130
Minimum pressure during test.....	1250	50
Pressure at conclusion of test.....	1250	50
Pressure change during test (Maximum minus Minimum).....	0	80
Was pressure change an increase or a decrease?.....	-	Decrease

Well closed at (hour, date): 9:00 AM 8/28/97 Total Time On Production 24.0 Hours

Oil Production During Test: 0 bbls; Grav. - Gas Production During Test 145 MCF; GOR -

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

Remarks * Devonian not connected to flowline; did not flow

OPERATOR CERTIFICATE OF COMPLIANCE

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

Anadarko Petroleum Corporation
Operator
Signature D. Dickerson
Jarrel Services, Inc. Agent
Printed Name Title
9/2/97 505-393-1736
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR
Title _____