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.
MARATHON OIL CO.			WALTER LYNCH		4
Location of Well: Unit	Sec.	Twp	Rge	County	
D	1	22S	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	BLINEBRY	GAS + OIL	PUMP	Tbg	—
Lower Compl	TUBB	GAS	FLOW	Tbg	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 6/13/94

Well opened at (hour, date): 5:00 AM 6/14/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	95	290
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	95	290
Minimum pressure during test	60	40
Pressure at conclusion of test	60	40
Pressure change during test (Maximum minus Minimum)	35	250
Was pressure change an increase or a decrease?	DECREASE	DECREASE

Well closed at (hour, date): 7:00 AM 6/15/94 Total Time On Production: 24 hr

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test: 22 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 9:00 AM 6/16/94		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	40	301
Stabilized? (Yes or No)	N	Y
Maximum pressure during test	150	301
Minimum pressure during test	40	301
Pressure at conclusion of test	110	301
Pressure change during test (Maximum minus Minimum)	110	NC
Was pressure change an increase or a decrease?	DECREASE	NC

Well closed at (hour, date) 9:00 AM 6/17/94 Total time on Production _____

Oil production During Test: 5 bbls; Grav. 298; 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

MARATHON OIL COMPANY
Operator

James Faught
Signature

JAMES FAUGHT CLERK
Printed Name Title

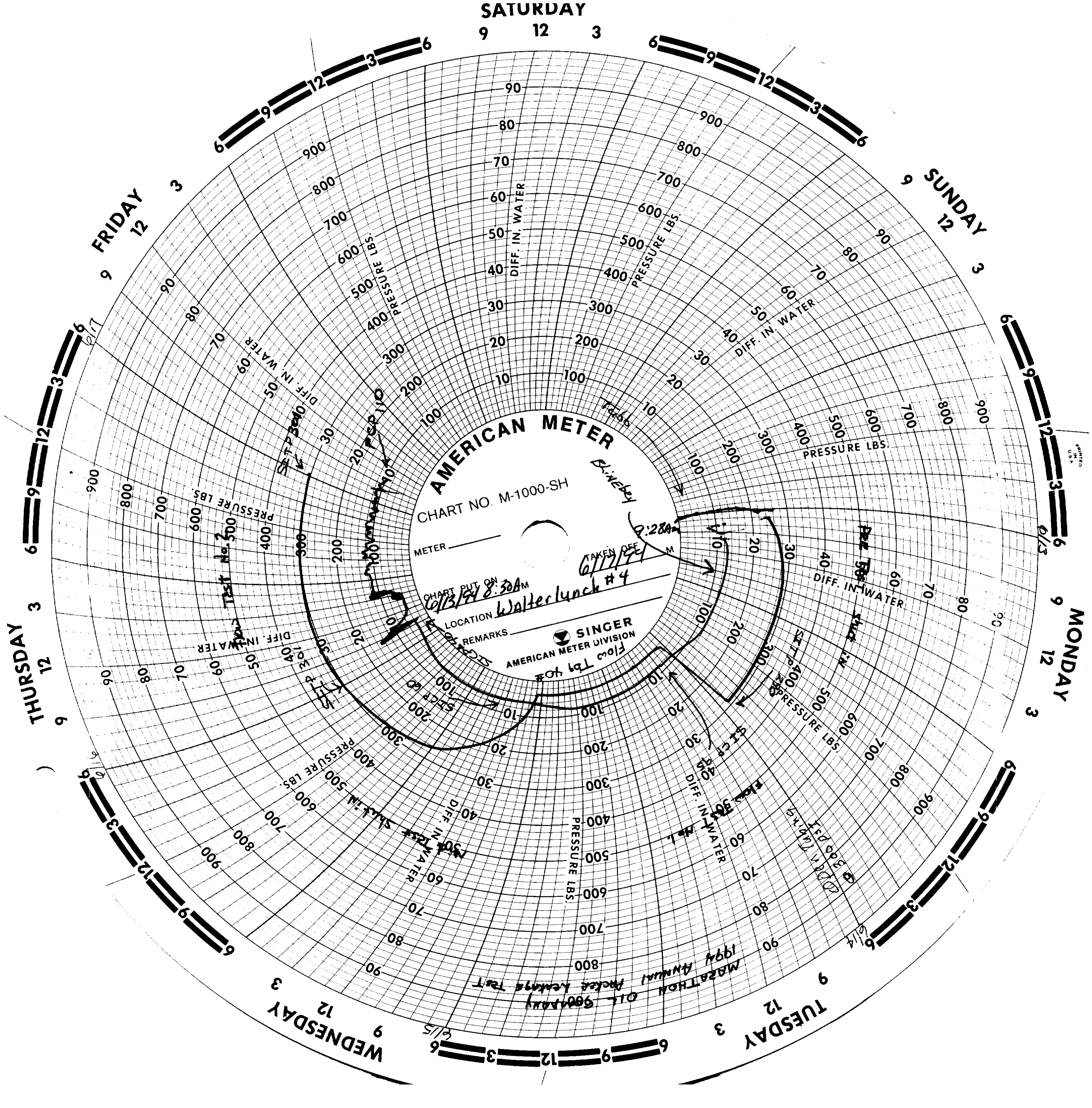
6-20-94 (505) 393-7106
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 30 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____



AMERICAN METER
CHART NO. M-1000-SH
METER
TAKEN OFF
6/17/94
CHART PUT ON
6/13/94 8:30A M
LOCATION Walterlunch #4
REMARKS
SINGER
AMERICAN METER DIVISION
SATURDAY
SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
PRESSURE LBS.
DIFF. IN. WATER
MARATHON OIL COMPANY
1994 Annual Packer Leakage Test
PRINTED IN U.S.A.