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 Company			Edith Butler "B"			1
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	13	22-S	37-E	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	Tubb	Gas	Flow	Casing	-
Lower Compl	S. Brunson Drk. - Abo	Oil	Plg. Lift	Tubing	-

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 am 9/12/94

Well opened at (hour, date): 9:00 am 9/13/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	130	280
Stabilized? (Yes or No)	No	No
Maximum pressure during test	185	330
Minimum pressure during test	130	50
Pressure at conclusion of test	185	330
Pressure change during test (Maximum minus Minimum)	55	280
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date): 10:30 am 9/14/94 Total Time On Production 25-1/2 hrs.

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 158 MCF; GOR _____

Remarks Plunger Lift

FLOW TEST NO. 2

Well opened at (hour, date): 9:15 am 9/15/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	240	330
Stabilized? (Yes or No)	No	No
Maximum pressure during test	240	365
Minimum pressure during test	60	280
Pressure at conclusion of test	60	365
Pressure change during test (Maximum minus Minimum)	180	85
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 9:00 am 9/16/94 Total time on Production 23-3/4 hrs.

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 0 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

9/19/94 — (505) 393-7106
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 04 1994

By _____

Title _____

RECEIVED
SEP 9 1994