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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

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

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>John H. Hendrix</u>		Lease <u>Pike Federal</u>			Well No. <u>1</u>	
Location of Well	Unit <u>A</u>	Sec. <u>6</u>	Twp <u>23</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 Cag)	Choke Size	
Upper Compl	<u>Blinbery</u>		<u>O</u>	<u>flow</u>	<u>CGG</u>	<u>—</u>
Lower Compl	<u>Tubb</u>		<u>O&G</u>	<u>flow</u>	<u>tb.</u>	<u>26/64</u>

(T.A.) Brun. Pa. Abo 5

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6 A.M. 11/23/90

Well opened at (hour, date): 2 P.M. 11/23/90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>25</u>	<u>160</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>NO</u>
Maximum pressure during test.....	<u>25</u>	<u>160</u>
Minimum pressure during test.....	<u>25</u>	<u>55</u>
Pressure at conclusion of test.....	<u>25</u>	<u>55</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>105</u>
Was pressure change an increase or a decrease?.....	<u>—</u>	<u>Dec</u>

Well closed at (hour, date): 10 P.M. 11/23/90 Total Time On Production 8

Oil Production _____ Gas Production _____

During Test: 1/2 bbls; Grav. 42 During Test: 80 MCF; GOR 160,000

Remarks NO EVIDENCE OF COMMUNICATION

FLOW TEST NO. 2

Well opened at (hour, date): Blin. is T.A.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>25</u>	
Stabilized? (Yes or No).....	<u>yes</u>	
Maximum pressure during test.....	<u>25</u>	
Minimum pressure during test.....	<u>25</u>	
Pressure at conclusion of test.....	<u>25</u>	
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	
Was pressure change an increase or a decrease?.....	<u>—</u>	

Well closed at (hour, date) _____ Total time on Production _____

Oil production _____ Gas Production _____

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

Remarks NO EVIDENCE OF COMMUNICATION

OPERATOR CERTIFICATE OF COMPLIANCE

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

John H. Hendrix, Corp.
Operator

Marcus Edwards
Signature

Marcus Edwards
Printed Name Title

11/26/90 505-394-2649

OIL CONSERVATION DIVISION

Date Approved _____

By Marcus Edwards
Generalist

Title _____

