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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
Northern New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Corporation			Lease New Mexico -S- State			Well No. 21		
Location of Well	Unit L	Sec. 2	Twp 22-S	Rgn 37-E	County Lea			
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choba Size		
Upper Compl	Blinebry		Gas	T.A.'d	Csg	TA'd		
Lower Compl	Tubb		Gas	Flow	Tbg	Open		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:40 a.m.; 9-28-93

Well opened at (hour, date): 10:45 a.m.; 9-29-93

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
.....	-	X
Pressure at beginning of test.....	365	380
Stabilized? (Yes or No).....	Yes	No
Maximum pressure during test.....	365	380
Minimum pressure during test.....	365	80
Pressure at conclusion of test.....	365	80
Pressure change during test (Maximum minus Minimum).....	0	300
Was pressure change an increase or a decrease?.....		Decrease

Well closed at (hour, date): 11:45 a.m.; 10-1-93 Total Time On Production 49 hours

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 468 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:15 a.m.; 10-2-93

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
.....	-	X
Pressure at beginning of test.....	365	375
Stabilized? (Yes or No).....	Yes	No
Maximum pressure during test.....	365	375
Minimum pressure during test.....	365	80
Pressure at conclusion of test.....	365	80
Pressure change during test (Maximum minus Minimum).....	0	295
Was pressure change an increase or a decrease?.....		Decrease

Well closed at (hour, date): 10:20 a.m.; 10-3-93 Total time on Production 24 hours 5 minutes

Oil production During Test: 0 bbls; Grav. _____ Gas Production During Test 234 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

Exxon Corp., P. O. Box 1600, Midland, Tx

Operator

Signature

Don J. Bates Regulatory Spec.

Printed Name

Title

Date 11/22/93

915 688-7874

Date

Telephone No.

OIL CONSERVATION DIVISION

NOV 24 1993

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____