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.
EXXON CORP.			New Mexico State 'S'		29
Location of Well	Unit L	Sec. 2	Twp. 22S	Rge. 37E	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	Drinkard	gas	flowing	tubing	open
Lower Compl	Wantz ABO	oil	flowing	tubing	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 2-17-89

Well opened at (hour, date): 1:00 PM 2-18-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	570	750
Stabilized? (Yes or No)	yes	no
Maximum pressure during test	570	880
Minimum pressure during test	290	750
Pressure at conclusion of test	290	880
Pressure change during test (Maximum minus Minimum)	280	110
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 1:30 PM 2-19-89 Total Time On Production 24 1/2 hrs.

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:30 AM 2-20-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	575	970
Stabilized? (Yes or No)	yes	no
Maximum pressure during test	575	970
Minimum pressure during test	570	200
Pressure at conclusion of test	570	200
Pressure change during test (Maximum minus Minimum)	5	770
Was pressure change an increase or a decrease?	decrease	decrease

Well closed at (hour, date) 12:30 PM 2-21-89 Total time on Production 26 hrs.

Oil production During Test: _____ bbls; Grav. _____; 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

EXXON CORP.
Operator

Babette L Taylor
Signature

Babette L. Taylor Sr. Clerical Asst.
Printed Name Title

3/22/89 915-688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 23 1989
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title