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'			34
Location of Well	Unit	Sec.	Twp	Rge	County	
	O	2	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	Drinkard	gas	flowing	tubing	open
Lower Compl	Wantz ABO	gas	flowing	tubing	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:15 AM 2-13-89

Well opened at (hour, date): 8:45 AM 2-14-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	105	220
Stabilized? (Yes or No)	no	no
Maximum pressure during test	105	325
Minimum pressure during test	25	220
Pressure at conclusion of test	30	325
Pressure change during test (Maximum minus Minimum)	80	105
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 10:15 AM 2-15-89 Total Time On Production 25 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): 1:15 PM 2/16/89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	128	425
Stabilized? (Yes or No)	no	no
Maximum pressure during test	180	425
Minimum pressure during test	128	53
Pressure at conclusion of test	200	118
Pressure change during test (Maximum minus Minimum)	52	372
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date) 11:30 AM 2-17-89 Total time on Production 22 1/4 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

Date Approved MAR 23 1989

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____