

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EXXON CORP.				Lease New Mexico State 'S'			Well No. 34
Location of Well	Unit O	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		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

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

Gas Production

During Test:_____bbls; Grav._____

During Test_____MCF; GOR_____

Remarks_____

FLOW TEST NO. 2

Well opened at (hour, date):

1:15 PM

2/16/89

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

Gas Production

During Test:_____bbls; Grav._____

During Test_____MCF; GOR_____

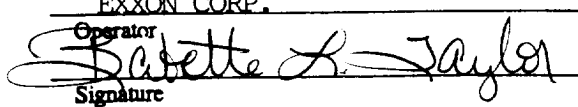
Remarks_____

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



Signature

Babette L. Taylor

Sr. Clerical Asst.

Printed Name

3/22/89

Date

915-688-7556

Telephone No.

OIL CONSERVATION DIVISION

MAR 23 1989

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

By

Title