Form C-116
Revised 10-1-78

GAS—OIL RATIO TESTS

Operator: EXXON CORPORATION

Address: P.O. Box 1600 Midland, Texas 79702

Pool: WILDCAT (QUEEN)

County: EDDY

LEASE NAME	WELL NO.		LOCATION				DATE OF TEST	TYPE OF TEST — (X) STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	WATER BBLS.	PROD. DURING TEST GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS-RATIO CU.FT/
		U	S	T	R												
'E W MEXICO 'DC' STATE	2	I	18	19S	29E	11-20-83	P	—	—	21	24	116	—	23	34	1778

20-30 D.
Special [X]

Scheduled [ ]   Completion [ ]

DEC ☐ 1903
O. C. D.
ARTESIA OFFICE

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

(Signature)

SR ADMIN.
(Title)

12-7-83