

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator AMERADA HESS CORPORATION			Lease STATE DA			Well No. 2	
Location of Well	Unit K	Sec. 16	Twp 21	Rge 37	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	/ BLINEBRY		TA'D				
Lower Compl	/ DRINKARD		OIL	FLOW	TBG.	3/4"	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 P.M. 4-8-94

Well opened at (hour, date): 1:00 P.M. 4-9-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	0	360
Stabilized? (Yes or No).....	YES	NO
Maximum pressure during test.....	0	385
Minimum pressure during test.....	0	5
Pressure at conclusion of test.....	0	5
Pressure change during test (Maximum minus Minimum).....	0	380
Was pressure change an increase or a decrease?.....		DECREASE

Well closed at (hour, date): 1:00 P.M. 4-10-94 Total Time On Production 24 HRS.

Oil Production _____ Gas Production _____

During Test: 1 bbls; Grav. _____ ; During Test 1.5 MCF; GOR 1500

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): _____

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date) _____ Total time on Production _____

Oil production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ ; During Test _____ MCF; GOR _____

Remarks BLINEBRY ZONE IS TA'D

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

AMERADA HESS CORPORATION

Operator
Bill Petree
Signature

BILL PETREE
Printed Name

4-12-94
Date

Title

(505) 393-2144
Telephone No.

MP OIL CONSERVATION DIVISION

Date Approved APR 15 1994

By _____
ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR