

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

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

OIL CONSERVATION DIVISION

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

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 <b>John H. Hendrix Corporation</b>			Lease <b>Cossatot J</b>			Well No. <b>1</b>	
Location of Well	Unit <b>B</b>	Sec. <b>24</b>	Twp <b>22</b>	Rge <b>37</b>	County <b>Lea</b>		
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	<b>Drinkard</b>		<b>Oil</b>	<b>Flow</b>	<b>Csg</b>	<b>24/64</b>	
Lower Compl	<b>Wantz Granite Wash</b>		<b>Oil</b>	<b>Pump</b>	<b>Tbg</b>	<b>Open</b>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 3/15/03

Well opened at (hour, date): 12:00 PM 3/15/03

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): 6:00 PM 3/15/03

Oil Production

During Test: 1/2 bbls; Grav. 42

Gas Production

During Test: 40

Total Time On  
Production

6 hours

MCF; GOR 80,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 3/16/03

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): 12:00 PM 3/16/03

Oil production

During Test: 2 bbls; Grav. 42

Gas Production

During Test: 1

Total Time on  
Production

6 hours

MCF; GOR 500

Remarks No evidence of communication

OPERATOR CERTIFICATE OF COMPLIANCE

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

John H. Hendrix Corporation

Operator

Signature

Marvin Burrows - Production Supt.

Printed Name

Title

4/25/03

Date

394-2649

Telephone No.

OIL CONSERVATION DIVISION  
MAY 01 2003

Date Approved

By

ORIGINAL SIGNED BY

GARY W. WINK

Oil Field Representative II/STAFF MANAGER

