

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

30-025-10255

Operator <b>John H. Hendrix Corporation</b>			Lease <b>Hinton</b>			Well No. <b>10</b>	
Location of Well	Unit <b>D</b>	Sec. <b>13</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>Blinebry</b>		<b>Gas</b>	<b>Flow</b>	<b>Csg</b>	<b>12/64</b>	
Lower Compl	<b>Tubb</b>		<b>Gas</b>	<b>Flow</b>	<b>Tbg</b>	<b>----</b>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/12/03

Well opened at (hour, date): 12:00 PM 4/12/03

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 4/12/03

Oil Production

During Test: 0 bbls; Grav. -

Gas Production

During Test 50 (est.)

Total Time On  
Production

6 hours

MCF; GOR 50,000

Remarks No evidence of communication (gas vented).

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 4/13/03

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 4/13/03

Oil production

During Test: 0 bbls; Grav. -

Gas Production

During Test 10 (est.)

Total time on  
Production

6 hours

MCF; GOR 10,000

Remarks No evidence of communication. Gas vented.

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

5-23-03

Date

394-2649

Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5/28/03

By

Title

OC FIELD REPRESENTATIVE / STAFF MANAGER

