Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

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

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89

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 Well No. Lease Operator
John
Location Hendrix Corporation 10 **Hinton** County Twp Rge Lea Prod. Medium 13 of Well Choke Size Method of Prod. Type of Prod. (Tbg. or Csg) Flow, Art Lift (Oil or Gas) Name of Reservoir or Pool 12/64 Upper Csg Flow Gas Blinebry Compl Tbg Flow Gas Tubb Compl

## FLOW TEST NO. 1

oth zones shut-in at (hour, date): 6:00 AM 4/12/03  (ell opened at (hour, date): 12:00 PM 4/12/03	Upper Completion	Lower Completion
	X	
dicate by (X) the zone producing	160	40
ressure at beginning of test	ves	ves_
tabilized? (Yes or No)	160	50
Taximum pressure during test		40
Iinimum pressure during test	40	
ressure at conclusion of test	40	50
ressure change during test (Maximum minus Minimum)	120	10
Vas pressure change an increase or a decrease?	Decrease	<u> Increas</u>
Total Time On	6 hours	
Vell closed at (hour, date):       6:00 PM 4/12/03 Production       Production         Oil Production       Gas Production         During Test:       0 bbls; Grav.       - During Test       50 (est.)	MCF; GOR 5	0,000
demarks No evidence of communication (gas vented).		
FLOW TEST NO. 2	Upper Completion	Lower Completion
Ven opened at (note, date).		X
Well opened at (hour, date): 6:00 AM 4/13/03  Indicate by (X) the zone producing 13.14.15.76  Pressure at beginning of test.	220	60
ressure at beginning of test.	ves	yes
β \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Stabilized? (Yes or No).	2.	60
Maximum pressure during test.	250	60
Maximum pressure during test.	250 220	30
Maximum pressure during test.	250 220 250	30
Maximum pressure during test.  Pressure at conclusion of test.	250 220	30
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?  Total time on	250 220 250 30 Increase	30
Maximum pressure during test.  Winimum 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 Production 6	250 220 250 30	30 30 30
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 Total time on Production 6	250 220 250 30 Increase	30 30 30 Decrea

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						
Operatory						
Munul Suraw						
Signature						
MarvinBBurrows- Production Supt.						
Printed Name Title						
5-23-03 394-2649						
Date Telephone No.						

OIL	CON	1SER	VAT	ION	DIV	ISION
-----	-----	------	-----	-----	-----	-------

Date Approved 5/28/
By Hary W. W.

OC FIELD REPRESENTATIVE IVSTAIT MANAGES Title\_

