

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

OIL CONSERVATION DIVISION

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

INSTRUCTIONS ON REVERSE
SIDE

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator John H. Hendrix Corporation			Lease Danglade			Well No. 2		
Location of Well	Unit A	Sec. 24	Twp 22	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		Oil & Gas	Flow	Csg		20/64	
Lower Compl	Brunson Drk. Abo So.		Oil	Pump	Tbg		Open	

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

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	180	30
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	180	40
Minimum pressure during test.....	50	30
Pressure at conclusion of test.....	50	40
Pressure change during test (Maximum minus Minimum).....	130	10
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 6:00 PM 4/12/03	Total Time On Production 6 hours	
Oil Production During Test: 1/2 bbls; Grav. 42	Gas Production During Test 30	MCF; GOR 60,000

Remarks No evidence of communication

FLOW TEST NO. 2

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

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	260	50
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	270	50
Minimum pressure during test.....	260	30
Pressure at conclusion of test.....	270	30
Pressure change during test (Maximum minus Minimum).....	10	20
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date): 12:00 PM 4/13/03	Total time on Production 6 hours	
Oil production During Test: 5 bbls; Grav. 41	Gas Production During Test 1	MCF; GOR 200

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

5/10/03

394-2649

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5/28/03

By

Title

OC FIELD REPRESENTATIVE II/STAFF MANAGER

