Submit 3 Copies to Appropriate Dist. Office

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

DISTRICT II
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

JB Cone B #1

Operator			Lease		Well No.
John H. Hendrix Corp.			J.R. Cone B Gas Com		1
Location of Well: Unit	Sec.	Twp	Rge	County	
N	26	21	37	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	open
Lower Compl	Tubb	oil/gas	pump	tbg.	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7:00 AM 11/24/97

Well opened at (hour, date): 7:00 AM 11/24/97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	50	25
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	50	25
Minimum pressure during test	25	25
Pressure at conclusion of test	25	25
Pressure change during test (Maximum minus Minimum)	25	0
Was pressure change an increase or a decrease?	decrease	-0-

Well closed at (hour, date): 7:00 am 11/25/97 Total Time On Production 24

Oil Production During Test: 0 bbls; Grav. -- Gas Production During Test 20 MCF; GOR 20,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): 7:00 am 11-26-97

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	40	25
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	60	25
Minimum pressure during test	40	25
Pressure at conclusion of test	60	25
Pressure change during test (Maximum minus Minimum)	20	-0-
Was pressure change an increase or a decrease?	Increase	-0-

Well closed at (hour, date) 7:00 am 11/27/97 Total time on Production 24 hrs.

Oil production During Test: 2 bbls; Grav. 42 ; Gas Production During Test tstm MCF; GOR tstm

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

Marvin Burrows
Signature

Marvin Burrows-Production Supt
Printed Name Title

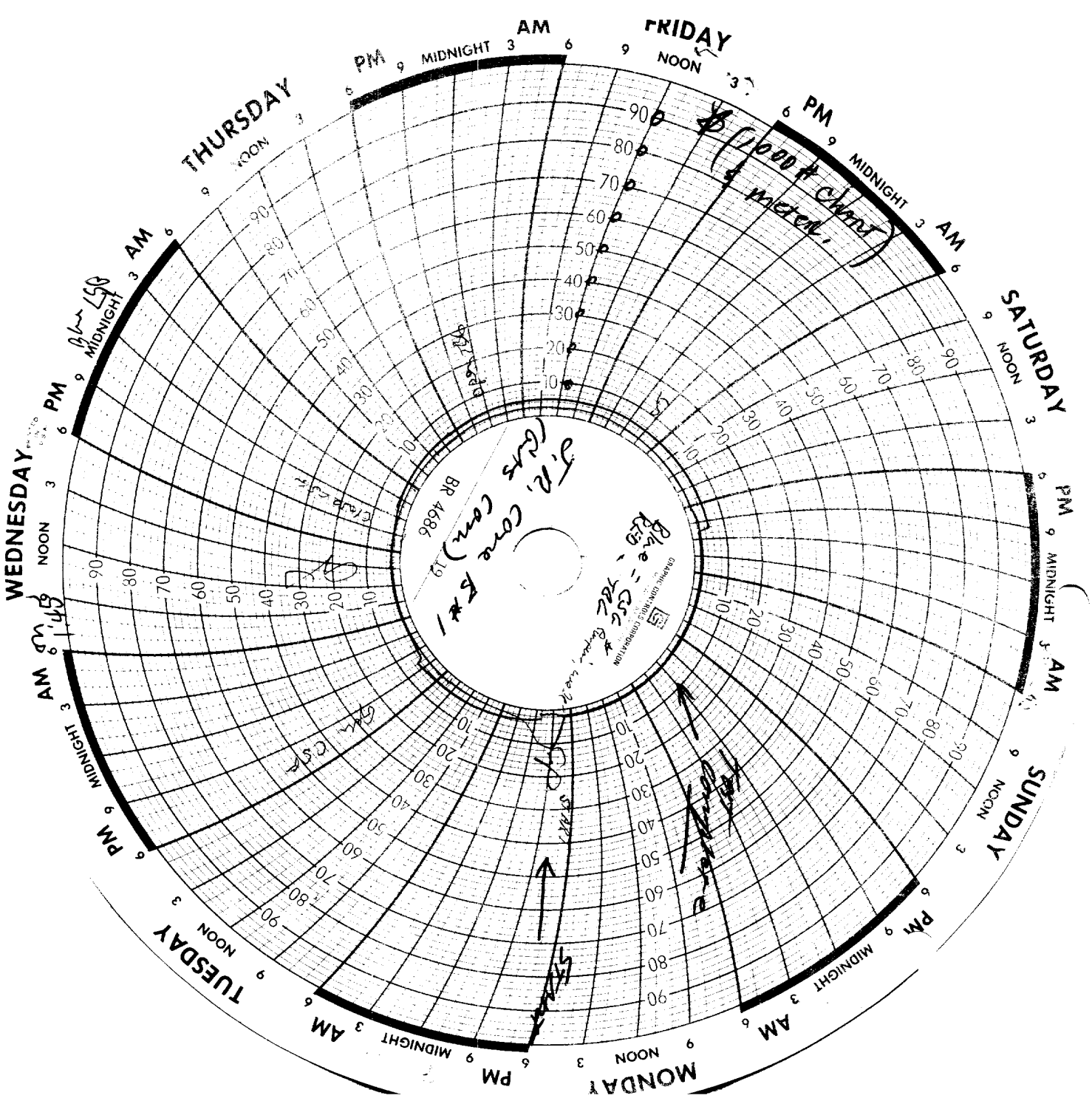
12-8-97 505-394-2649
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 12/29/97

By ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR

Title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