Submit 3 Copies to Appropriate Dist. Office DISTRICT I P.O. Box 1980, Hobbs, NM \$8240

## DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

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

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## SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

	Corp., P.O. Box 1		exas 79702	F. F. Hardison	ı -B-	Well No. 7
Locauo of Well		Sec. 27	Twp 21-5	₿₽ 37-Е	County Lea	
	Name of Reser	wair or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Pred. Medium (Thy. or Cag)	Choka Size
Upper Compl	Blinebry (Cons	olidated)	Gas	Flow	Csg	0pen
Lower Compt	Drinkard		Gas	Flow	Tbg	0pen

## FLOW TEST NO. 1

.

Well opened at (ho	our, date):	Upper Completion	Lower : Completion -		
Indicate by (X) the zone producing.			*****	X	·
Stabilized? (Yes o	x No)	•••••		·	
Maximum pressure	e during test			<u> </u>	
Minimum pressure	during test		••••••••		······
Pressure at conclus	sion of test				
Pressure change da	uring test (Maximum minus	Minimum)	*********		
Was pressure chan	ge an increase or a decreas	e?			
Well closed at (hor	ur, date):		Total Time On Production		
Oil Production	bbls; Grav	Gas Production		M(]F; GOR	
Remarks		-*			

Well opened at (hour, date): See Remarks	EST NO. 2	Upper Completion	Lower
Indicate by (X) the zone producing	••••		X
Pressure at beginning of test			
Stabilized? (Yes or No)			
Maximum pressure during test			··· <b>··································</b>
Minimum pressure during test			·
Pressure at conclusion of test			
Pressure change during test (Maximum minus Minimum)	••••••	<u> </u>	
Was pressure change an increase or a decrease?		•	
Well closed at (hour, date)	Total time on Production		
Oil production Gas Production During Testbbls; Grav; During Test		F; GOR	
Remarks Per attached DHC Order - 1121, Exxon r	equests a six mo	nth PLT extension	n in order to
perform the workover and downhole commingle.			
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge Exxon Gorp.	OIL CONS	SERVATION DIV MAY 17 1	
Operator Signature	Ву	Orig. Signed by Paul Kasts	
Don J. Bates Regulatory Specialist Printed Name Title	Title	Geologist	<u> </u>
4/24/95         (915)         688-7874           Date         Telephone No.			