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

Operator			Lease			Well No.
EXXON CORP.			F. F. Hardison 'B'			8
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	27	21S	37E	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	Gas	Flowing	Tubing	Open
Lower Compl	Drinkard	Gas	Flowing	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:40 am 4-11-91

Well opened at (hour, date): 5:50 pm 4-12-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	165	210
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	165	210
Minimum pressure during test	160	210
Pressure at conclusion of test	160	210
Pressure change during test (Maximum minus Minimum)	5	-
Was pressure change an increase or a decrease?	Decrease	-

Well closed at (hour, date): 4:00 pm 4-13-91 Total Time On Production 22 hrs 20 min.

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 6:40 am 4-14-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	305	113
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	370	120
Minimum pressure during test	305	113
Pressure at conclusion of test	370	113
Pressure change during test (Maximum minus Minimum)	65	7
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 1:40 pm 4-15-91 Total time on Production 31 hrs

Oil production During Test: _____ bbls; Grav. _____ ; Gas Production During Test _____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

EXXON CORP. P. O. Box 1600 Midland, TX 79702
Operator

Babette L. Taylor
Signature

Babette L. Taylor Office Assistant
Printed Name Title

5-29-91 915-688-7556
Date Telephone No.

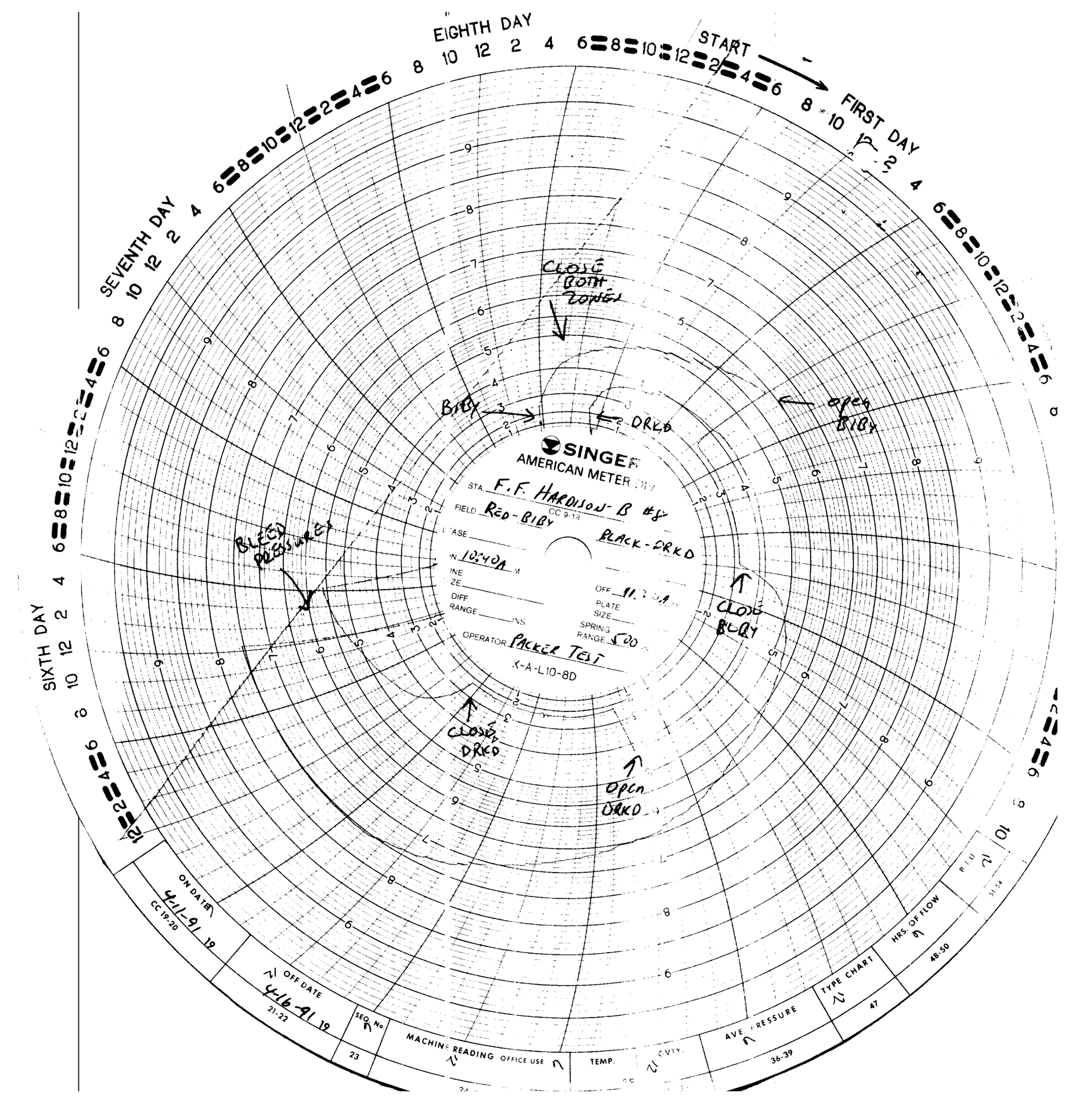
OIL CONSERVATION DIVISION

JUN 03 1991

Date Approved _____

By _____

Title _____


EIGHTH DAY
START
FIRST DAY
SEVENTH DAY
SIXTH DAY
SINGER
AMERICAN METER DIV.
STA. F.F. HARDISON-B #4
FIELD RED-BIBY
CC 9-13
BLACK-ORKD
10:40A
OFF 11:
PLATE SIZE
SPRING RANGE 500
OPERATOR PACKER TEST
X-A-L10-8D
CLOSE BOTH ZONES
BIBY
ORKD
OPEN BIBY
BLEED PRESSURE
CLOSE BIBY
CLOSE ORKD
OPEN ORKD
ON DATE 4-11-91 19
CC 19-20
21 OFF DATE 4-16-91 19
21-22
SEQ. No.
23
MACHINE READING OFFICE USE
TEMP.
CVTY.
AVE. PRESSURE
36-39
TYPE CHART
47
HRS. OF FLOW
48-50