Submit 3 Copies to Appropriate Dist.

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'		1
Location of Well: Unit	Sec.	Twp	Rge	County	
H	34	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	Flow	Tubing	
Lower Compl: ~~Tubb~~ Dri. Rard			Flow	Tubing	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 am 7-4-91

Well opened at (hour, date): 7-5-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	380	505
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	380	510
Minimum pressure during test	275	500
Pressure at conclusion of test	275	510
Pressure change during test (Maximum minus Minimum)	95	10
Was pressure change an increase or a decrease?	decrease	decrease

Well closed at (hour, date): 7-6-91 Total Time On Production 24hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7-7-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	400	250
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	500	250
Minimum pressure during test	400	175
Pressure at conclusion of test	500	180
Pressure change during test (Maximum minus Minimum)	100	75
Was pressure change an increase or a decrease?	increase	increase

Well closed at (hour, date) 10:00 am 7-8-91 Total time on Production _____

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

915-688-7556
Telephone No.

7-25-91
Date

OIL CONSERVATION DIVISION

Date Approved AUG 07 1991

By _____

Title _____