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.
Marathon Oil Company			Mark Owen		2
Location of Well: Unit	Sec.	Twp	Rge	County	
M	35	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	Csg.	----
Lower Compl	Drinkard	Gas	Flow	Tubing	----

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 4-10-95

Well opened at (hour, date): 7:00 PM 4-10-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	140	140
Stabilized? (Yes or No)	No	No
Maximum pressure during test	140	140
Minimum pressure during test	38	140
Pressure at conclusion of test	38	140
Pressure change during test (Maximum minus Minimum)	102	0
Was pressure change an increase or a decrease?	Decrease	---

Well closed at (hour, date): 8:00 AM 4-11-95 Total Time On Production 13 hrs.

Oil Production During Test: 0 bbls; Grav. 0 Gas Production During Test 671 MCF; GOR 0

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 5:00 PM 4-11-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	140	145
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	142	145
Minimum pressure during test	140	41
Pressure at conclusion of test	142	41
Pressure change during test (Maximum minus Minimum)	2	104
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 8:00 AM 4-12-95 Total time on Production 15 hrs.

Oil production During Test: 0 bbls; Grav. 0 ; Gas Production During Test 698 MCF; GOR 0

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

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

Marathon Oil Company
Operator

James Faught
Signature

James Faught Clerk
Printed Name Title

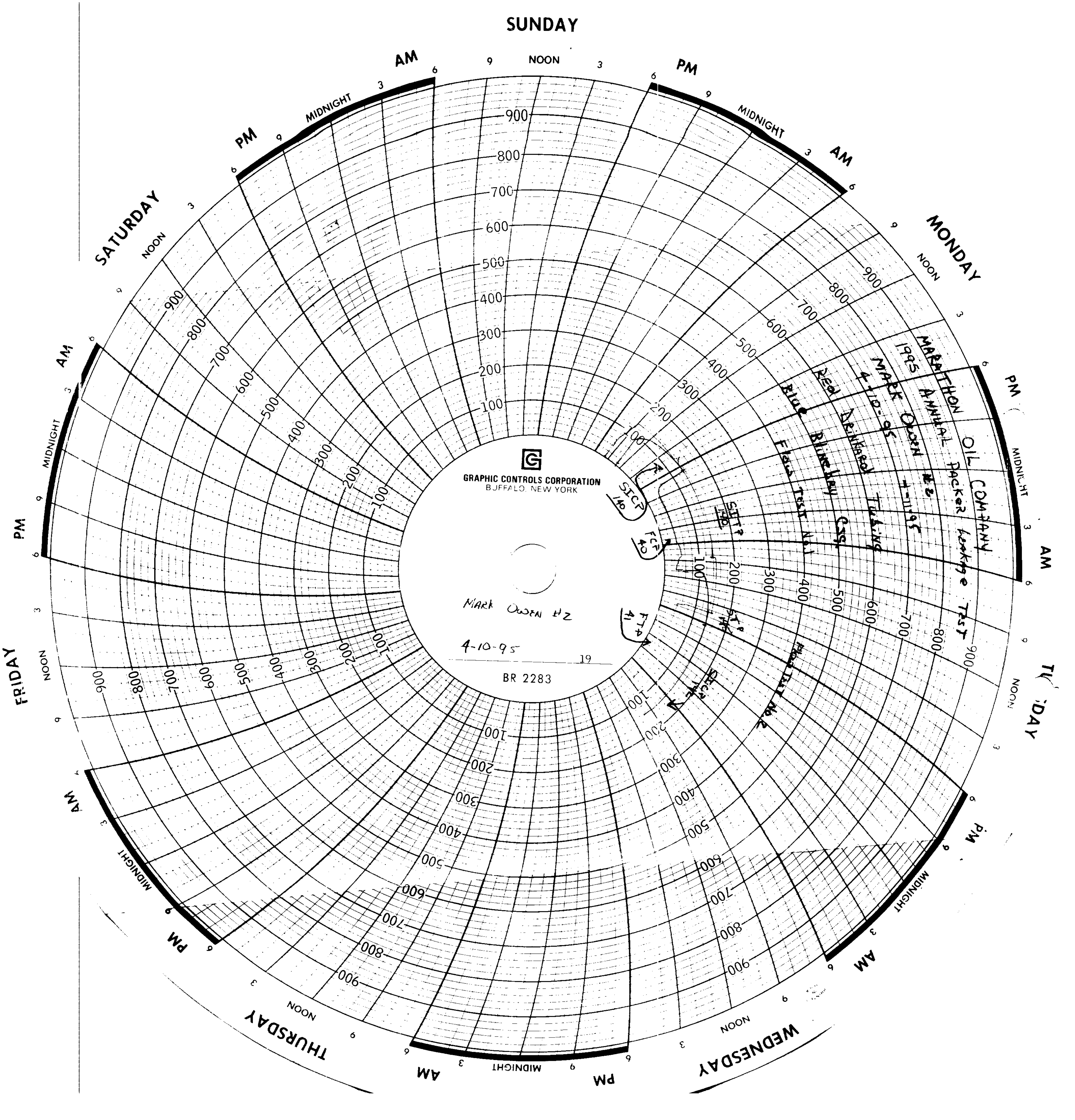
March 13, 1995 (505) 393-7106 ext. 210
Date Telephone No.

OIL CONSERVATION DIVISION

APR 14 1995
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2283
Mark Owen #2
4-10-95
19
MARATHON OIL COMPANY
1995 ANNUAL PACKER Leakage TEST
MARK OWEN #2
4-10-95 - 4-11-95
Red Drinkard Tubing
Blue Blinebry Csg
Flow Test No. 1
Flow Test No 2
SICP 140
SITP 140
FCP 40
FTP 41

Csg
Tubing
Blue
Red