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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EXXON CORP. PO BOX 1600 Midland TX 79702				Lease NEW MEXICO -B- STATE		Well No. 1	
Location of Well	Unit E	Sec. 29	Twp 21-S	Rge 36-E	County 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	EUMONT; YATES-7 RVRS-QUEEN (Pro Gas)			Gas	Flow	Csg.	SI
Lower Compl	EUMONT; YATES-7 RVRS-QUEEN (Oil)			Oil	Flow	Tbg.	SI

FLOW TEST NO. 1

Both zones shut-in at (hour, date): Completion shut-in 8/1/94

	Upper Completion	Lower Completion
Well opened at (hour, date):		
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date):	Total Time On Production	
Oil Production	Gas Production	
During Test: bbls; Grav.	During Test	MCF; GOR
Remarks		

FLOW TEST NO. 2

Well opened at (hour, date): Completion shut-in 9/1/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date):	Total time on Production	
Oil production	Gas Production	
During Test: bbls; Grav.	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.
Operator
Julie H. Mitchell
Signature
Julie H. Mitchell Staff Office Assist.
Printed Name Title
4/15/97 (915)688-7888
Date Telephone No.

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY CHRIS WILLIAMS,
DISTRICT I SUPERVISOR
Date Approved
By
SEP 11 1997
Title