

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

| | | | | | | |
|--|--------------------------------------|------------|-------------------------------|-----------------------------------|-------------------------------|---------------|
| Operator Exxon Corp., P.O. Box 1600, Midland, Texas 79702 | | | | State 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 During Test: bbls; Grav. | Gas Production During Test | MCF; GOR |
| Remarks | | |

FLOW TEST NO. 2

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

| | 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 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.

Operator

Signature

Don J. Bates

Regulatory Specialist

Printed Name

Title

4/20/95

(915) 688-7874

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

4-25-95

By ORIGINAL SIGNED BY

GARY WINK

Title

FIELD REP. II