

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Corporation				Lease New Mexico "V" State		Well No. 6	
Location of Well	Unit J	Sec 10	Twp 21S	Rge 37E	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	Blinebry		Oil	(Shut-in, dead)	Tbg.	-	
Lower Compl	Drinkard		Oil	Flow	Tbg.	24/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 A.M. 4-14-79

Well opened at (hour, date): 8:30 A.M. 4-15-79

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	0	620
Stabilized? (Yes or No).....	Yes	No
Maximum pressure during test.....	0	620
Minimum pressure during test.....	0	20
Pressure at conclusion of test.....	0	20
Pressure change during test (Maximum minus Minimum).....	0	600
Was pressure change an increase or a decrease?.....	-0-	(-)

Well closed at (hour, date): 8:30 A.M. 5-16-79

Oil Production _____ Gas Production _____

During Test: 1.0 bbls; Grav. 37.7 ; During Test 44 MCF; GOR 44,469

Remarks Blinebry Shut-in; Dead

FLOW TEST NO. 2

Well opened at (hour, date): Blinebry (Shut-in)

	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): _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ ; During Test _____ MCF; GOR _____

Remarks Blinebry dead and shut-in

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

Approved MAY 1 1979 19 _____

New Mexico Oil Conservation Commission

By E.L. McBee

Operator Exxon Corporation

By E.L. McBee

Original Signed by Jerry Sexton

By _____

Title District Operations Superintendent

Title _____

