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 Departm

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.
AMERADA HESS CORPORATION			STATE DA			4
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	16	21	37	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	2"
Lower Compl	DRINKARD	GAS	FLOW	TBG	2"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 PM 04-11-95

Well opened at (hour, date): 1:00 PM 04-12-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	120	295
Stabilized? (Yes or No)	NO	NO
Maximum pressure during test	190	295
Minimum pressure during test	120	30
Pressure at conclusion of test	190	30
Pressure change during test (Maximum minus Minimum)	70	265
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): 1:00 04-13-95 Total Time On Production 24

Oil Production During Test: 0 bbls; Grav. - Gas Production During Test 28 MCF; GOR -

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 1:00 04-14-95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	245	300
Stabilized? (Yes or No)	NO	YES
Maximum pressure during test	245	300
Minimum pressure during test	15	300
Pressure at conclusion of test	15	300
Pressure change during test (Maximum minus Minimum)	230	0
Was pressure change an increase or a decrease?	DECREASE	

Well closed at (hour, date) 1:00 04-15-95 Total time on Production 24

Oil production During Test: 0 bbls; Grav. -; Gas Production During Test 7 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

AMERADA HESS CORPORATION
Operator

Bill Petree
Signature

BILL PETREE OPERATIONS TECHNICIAN
Printed Name Title

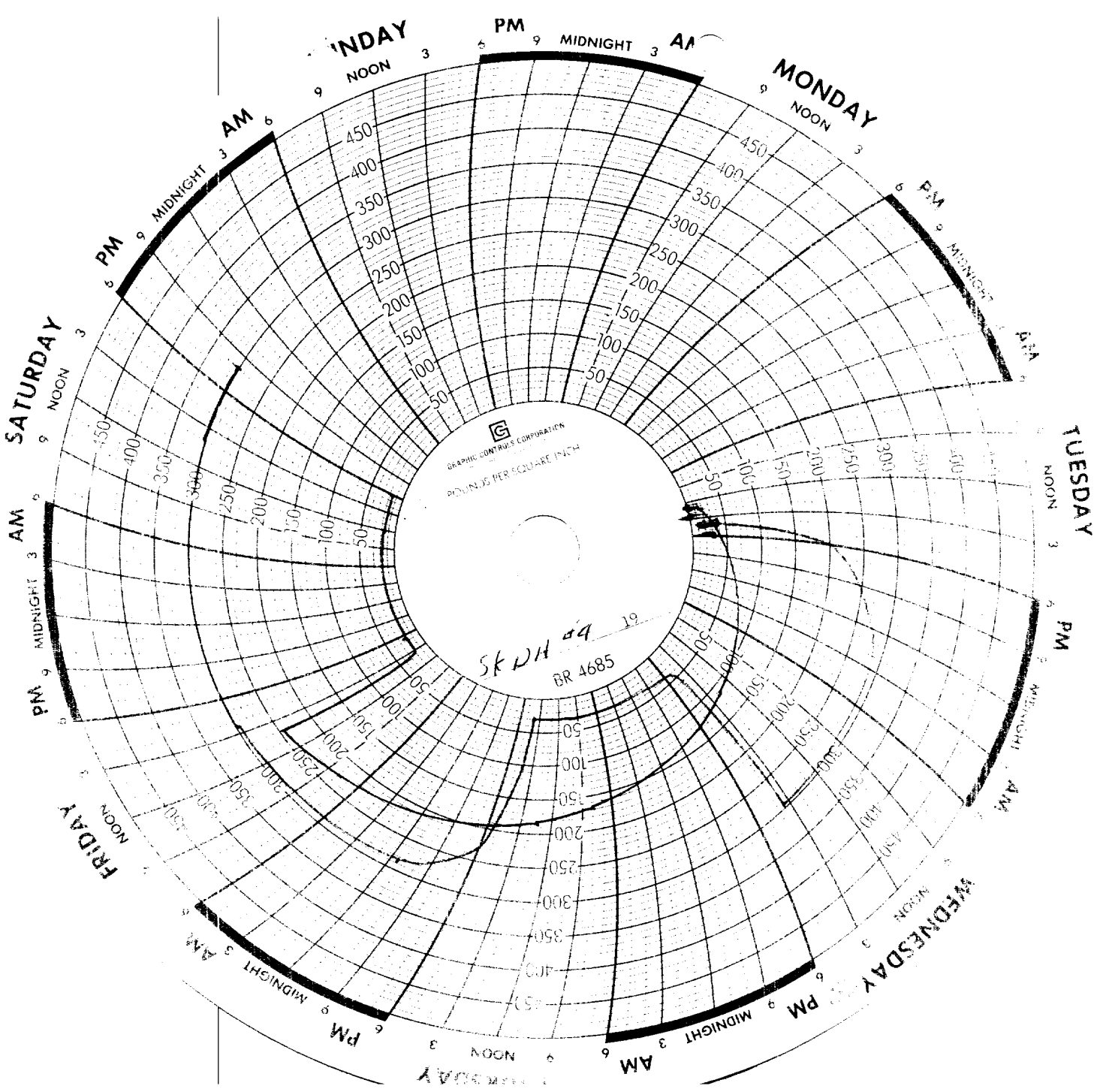
04-19-95 (505) 393-2144
Date Telephone No.

OIL CONSERVATION DIVISION

APR 21 1995
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title


SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
AM
PM
MIDNIGHT
NOON
GRAPHIC CONTROLS CORPORATION
POUNDS PER SQUARE INCH
BR 4685