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.
Exxon Corp.			New Mexico 'S' State		12
Location of Well: Unit	Sec.	Twp	Rge	County	
A	2	22S	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	Flowing	Casing	Open
Lower Compl	Drinkard	Gas	Flowing	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 pm 1-8-90

Well opened at (hour, date): 9:00 am 1-9-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	160	250
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	160	325
Minimum pressure during test	150	250
Pressure at conclusion of test	150	325
Pressure change during test (Maximum minus Minimum)	10	75
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 10:00 am 1-10-90 Total Time On Production 25 hrs.

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 am 1-11-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	210	75
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	240	75
Minimum pressure during test	210	40
Pressure at conclusion of test	240	40
Pressure change during test (Maximum minus Minimum)	30	35
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date) 10: am 1-12-90 Total time on Production 24 hrs.

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. P.O. Box 1600 Midland, TX 79707
Operator

Babette L. Taylor
Signature

Babette L. Taylor Sr. Clerical Asst.
Printed Name Title

4-2-90 915 688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ~~ORIGINAL SIGNED BY JERRY SEXTON~~
DISTRICT I SUPERVISOR

Title _____

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