Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
gy, 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.
Exxon Corp.			New Mexico State "S"		12
Location of Well: Unit A	Sec. 2	Twp 22S	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: Blineberry		Gas	Flowing	Casing	Open
Lower Compl: Drinkard		Gas	Flowing	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:50 p.m. 3-24-89

Well opened at (hour, date): 10:00 a.m. 3-25-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	80	170
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	80	220
Minimum pressure during test	20	70
Pressure at conclusion of test	65	210
Pressure change during test (Maximum minus Minimum)	60	50
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 8:20 a.m. 3-26-89 Total Time On Production 22 hours 20 minutes

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7:20 a.m. 3-27-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	80	230
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	110	230
Minimum pressure during test	80	60
Pressure at conclusion of test	110	60
Pressure change during test (Maximum minus Minimum)	30	70
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 8:00 a.m. 3-28-89 Total time on Production 24 hours 40 minutes

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

Babette L. Taylor
Signature

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

5-8-89 — (915) 688-7556
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 12 1989

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____