

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

OIL CONSERVATION DIVISION

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Corp.			Lease New Mexico State "S"			Well No. 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	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	

Remarks _____

FLOW TEST NO. 2

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

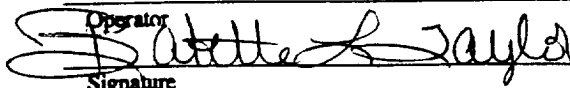
	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	80	230
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	110	230
Minimum pressure during test.....	80	60
Pressure at conclusion of test.....	110	60
Pressure change during 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	Gas Production	
During Test: _____ bbls; Grav. _____	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

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 _____