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	Exxon Corp.		Lease	New Mexico "S" State		Well No.	13
Location of Well	Unit B	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	Tubb Oil & Gas		Gas	Flow	Csg		Open
Lower Compl	Drinkard		Gas	Flow	Tbg		Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:25 AM 1-28-92

Well opened at (hour, date): 10:00 AM 1-29-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	-
Pressure at beginning of test	470	290
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	470	290
Minimum pressure during test	115	290
Pressure at conclusion of test	115	290
Pressure change during test (Maximum minus Minimum)	355	0
Was pressure change an increase or a decrease?	Decrease	No Change

Well closed at (hour, date): 10:15 AM 1-30-92 Total Time On Production 24 1/4 hours

Oil Production During Test: 0 bbls; Grav. 0 Gas Production During Test 224 MCF; GOR -

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 11:15 AM 1-31-92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	-	X
Pressure at beginning of test	475	290
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	483	290
Minimum pressure during test	483	55
Pressure at conclusion of test	483	55
Pressure change during test (Maximum minus Minimum)	0	235
Was pressure change an increase or a decrease?	No Change	Decrease

Well closed at (hour, date) 11:20 AM 2-1-92 Total time on Production 24 hours

Oil production During Test: 0 bbls; Grav. 0; Gas Production During Test 10 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 (ML28) PO Box 1600 Midland TX 79702
Operator

Signature

Don Bates — Administrative Specialist
Printed Name — Title

3-25-92 — 915/688-7119
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 27 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title