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			21
Location of Well: Unit	Sec.	Twp	Rge	County	
L	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 Oil and Gas	Gas	Flow	Csg.	None
Lower Compl	Tubb Oil and Gas	Gas	Plunger	Tbg.	None

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 a.m.; 10/31/94

Well opened at (hour, date): 10:30 a.m.; 11/01/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	308	346
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	310	363
Minimum pressure during test	308	175
Pressure at conclusion of test	310	363
Pressure change during test (Maximum minus Minimum)	+2	-188
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 10:30 a.m.; 11/02/94 Total Time On Production 24:00 Hrs.

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 139.9 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): See Remarks Below

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	310	363
Stabilized? (Yes or No)	Y	Y
Maximum pressure during test	310	363
Minimum pressure during test	310	363
Pressure at conclusion of test	310	363
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?		

Well closed at (hour, date) N/A Total time on Production N/A

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

Remarks No Flowline or Meter

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

Don J. Bates — Regulatory Specialist
Printed Name — Title

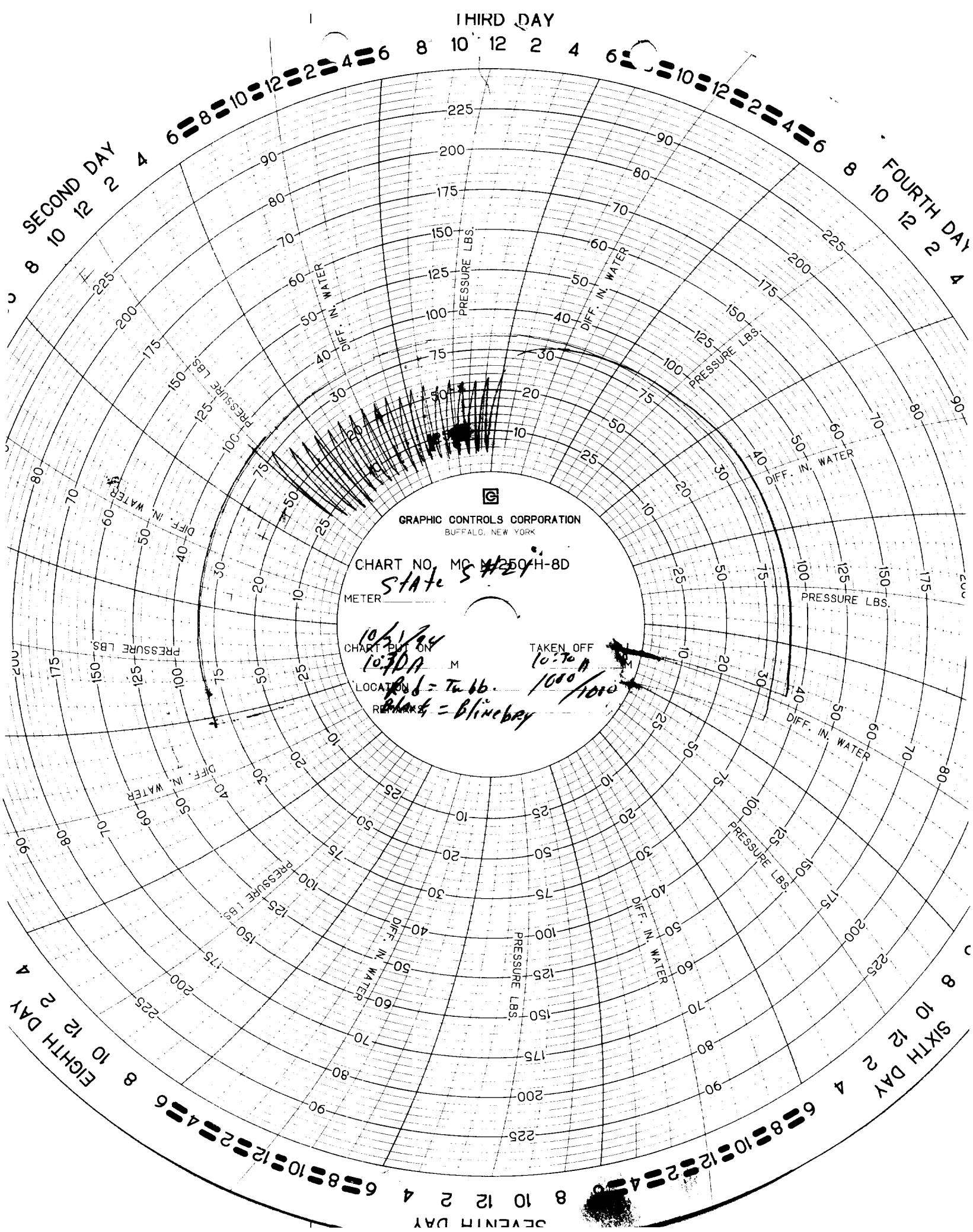
11-18-94 — (915) 688-7874
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 22 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title New Mexico -S- State 23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TAKEN OFF
LOCATION
REMARKS
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SECOND DAY
FOURTH DAY
SIXTH DAY
SEVENTH DAY
EIGHTH DAY
PRESSURE LBS.
DIFF. IN. WATER