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

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.	22
Location of Well	Unit M	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	Blinebry		Gas	Flowing		Tubing		Open	
Lower Compl	Drinkard		Gas	Flowing		Tubing		Open	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 pm 1-27-90

Well opened at (hour, date): 8:30 am 1-28-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	340	520
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	340	530
Minimum pressure during test	300	520
Pressure at conclusion of test	300	530
Pressure change during test (Maximum minus Minimum)	40	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 8:00 am 1-29-90 Total Time On Production 23-1/2 hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 1:00 pm 1-30-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	815	250
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	830	300
Minimum pressure during test	815	200
Pressure at conclusion of test	830	200
Pressure change during test (Maximum minus Minimum)	15	100
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 10:00 am 1-31-90 Total time on Production 23 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 79702
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 _____

KS