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
I gy, Minerals and Natural Resources Departme

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"		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): 11:20 a.m. 4-13-89

Well opened at (hour, date): 10:00 a.m. 4-14-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	840	530
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	840	540
Minimum pressure during test	300	530
Pressure at conclusion of test	310	532
Pressure change during test (Maximum minus Minimum)	540	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 9:00 a.m. 4-15-89 Total Time On Production 23 hrs.

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 a.m. 4-16-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	840	530
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	860	530
Minimum pressure during test	840	255
Pressure at conclusion of test	860	260
Pressure change during test (Maximum minus Minimum)	20	275
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 11:30 a.m. 4-17-89 Total time on Production 26 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.
Operator

Babette L. Taylor
Signature

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

5-9-89 — (915) 688-7556
Date — Telephone No.

OIL CONSERVATION DIVISION

MAY 12 1989
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title