ubmit 3 Copies to
.ppropriate Dist. Office

:ISTRICT I
.O. Box 1980, Hobbs, NM 88240

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:.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, ...erals 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	John H. Hendrix Corp.		Lease	Brunson C		Well No.	4
Location of Well	Unit	Sec.	Twp	Rge		County	
	J	3	22	37		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	Flow	Csg		24/64
Lower Compl	Drinkard		Gas	Pump	Tbg		24/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 1/28/95

Well opened at (hour, date): 12:00 PM 1/28/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	200	45
Stabilized? (Yes or No)	no	no
Maximum pressure during test	200	80
Minimum pressure during test	60	45
Pressure at conclusion of test	60	80
Pressure change during test (Maximum minus Minimum)	140	35
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 6:00 PM 1/28/95 Total Time On Production 6 hours

Oil Production During Test: 1 bbls; Grav. 32 Gas Production During Test 21 MCF; GOR 21,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 1/29/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	280	100
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	300	100
Minimum pressure during test	280	40
Pressure at conclusion of test	300	40
Pressure change during test (Maximum minus Minimum)	20	60
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 12:00 PM 1/29/95 Total time on Production 6 hours

Oil production During Test: 1 bbls; Grav. 33 ; Gas Production During Test 20 MCF; GOR 20,000

Remarks No evidence of communication

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

John H. Hendrix Corp.
Operator

Marvin Burrows
Signature

Marvin Burrows-Production Supt.
Printed Name Title

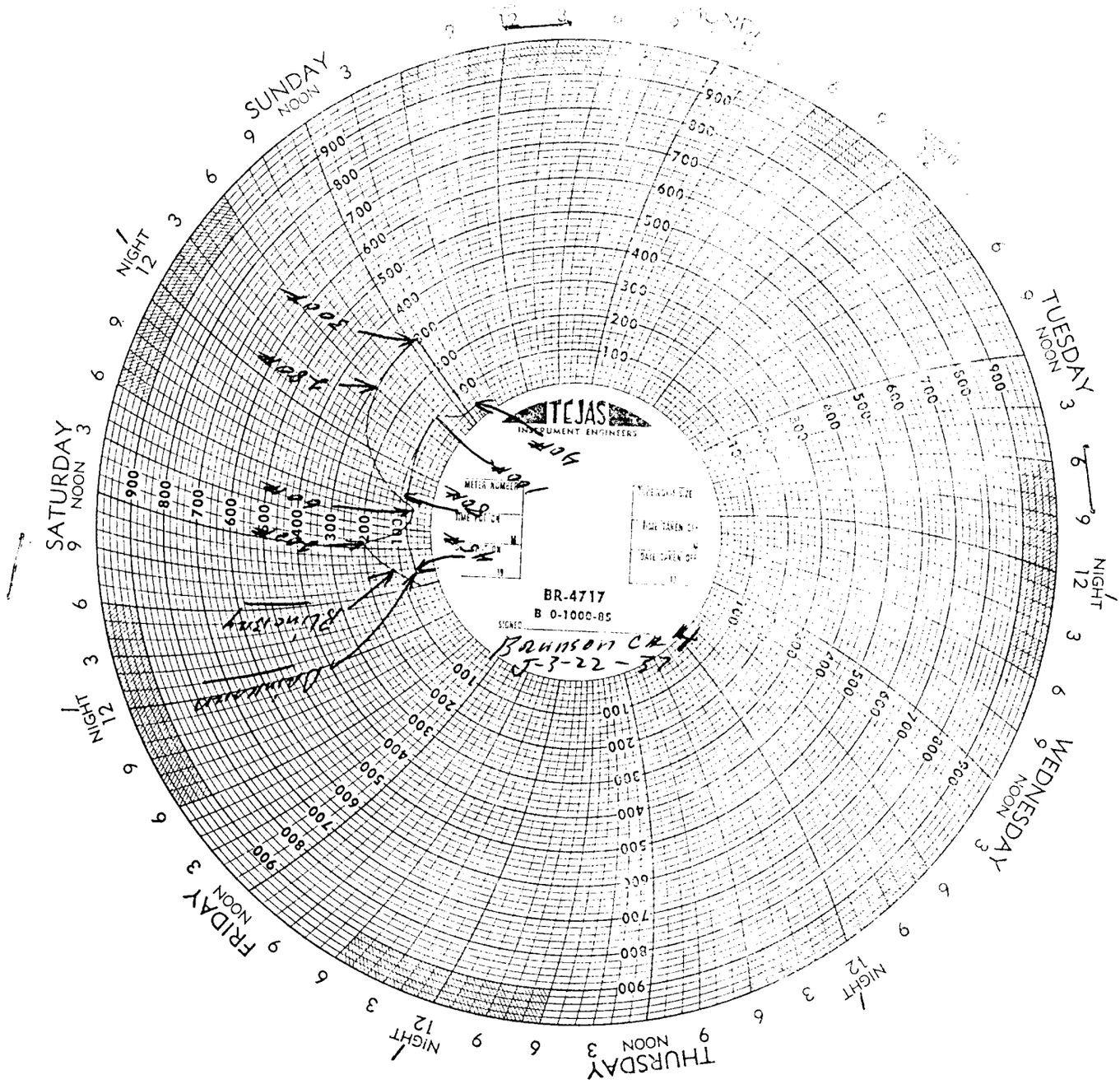
2-13-95 394-2649
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1995

By ~~SEXTON~~

Title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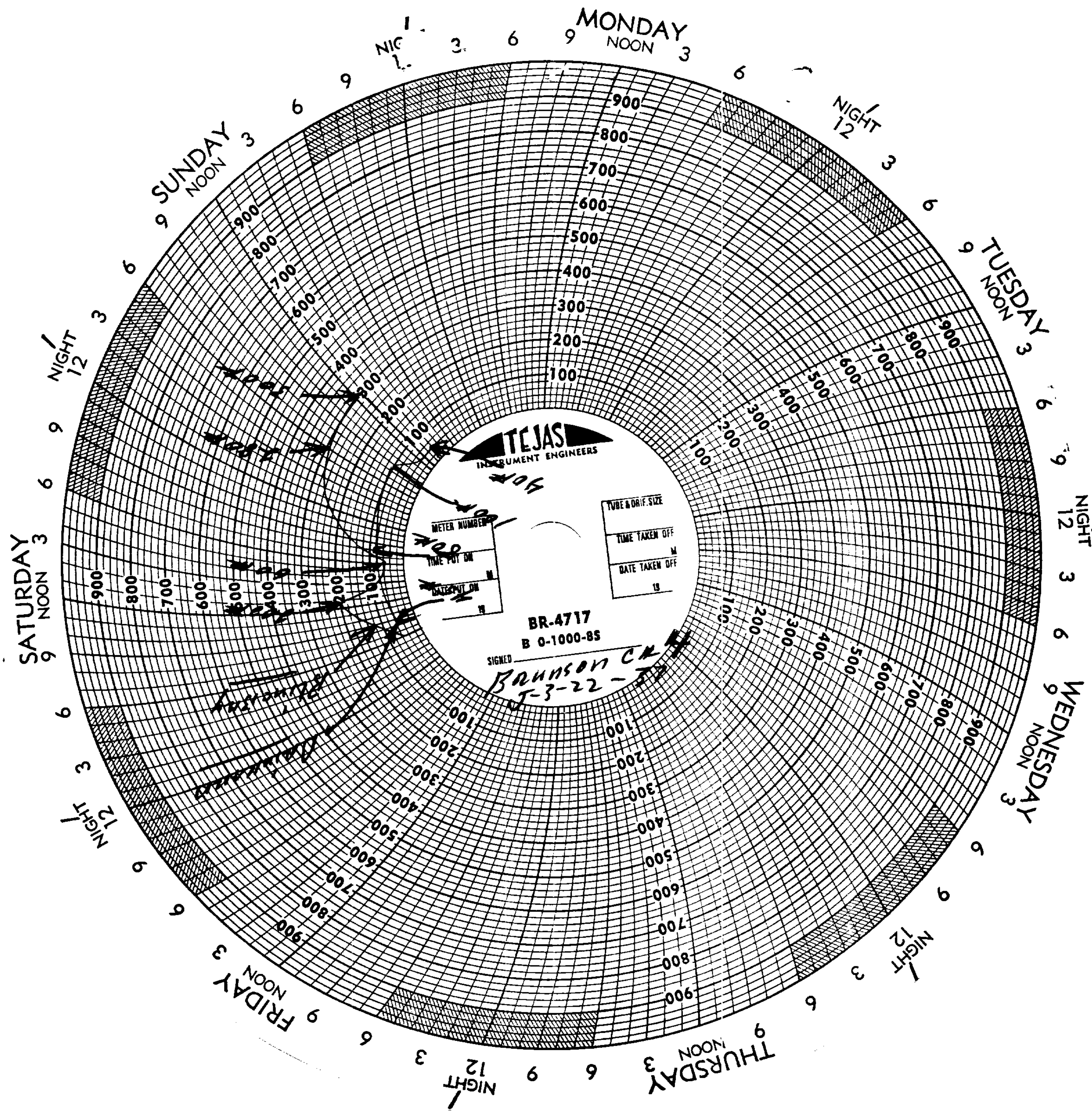
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