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.
John H. Hendrix Corp.			Elliott B-9			5
Location of Well	Unit	Sec.	Twp	Rge	County	
	C	9	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	Gas	Flow	Csg	T.A.
Lower Compl	Tubb	Gas	Flow	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 7/17/92

Well opened at (hour, date): 12:00 PM 7/17/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	125	185
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	125	185
Minimum pressure during test	125	35
Pressure at conclusion of test	125	35
Pressure change during test (Maximum minus Minimum)	0	150
Was pressure change an increase or a decrease?	---	Decrease

Well closed at (hour, date): 6:00 PM 7/17/92 Total Time On Production 6 Hours

Oil Production During Test: ¼ bbls; Grav. 42 Gas Production During Test 26 MCF; GOR 104,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): Blinebry is T.A.

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

Well closed at (hour, date) _____ Total time on Production _____

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

John H. Hendrix, Corp.
Operator

Marvin Burrows
Signature

Marvin Burrows - Production Supt.
Printed Name Title

8/31/92 394-2649

OIL CONSERVATION DIVISION

Date Approved SEP 02 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____