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.
MARATHON OIL COMPANY			LOU WORTHAN			11
Location of Well	Unit	Sec.	Twp	Rge		County
	F	11	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	TUBB	GAS	FLOW	CSG	—
Lower Compl	DRINKARD	GAS	FLOW	TBG	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM 3/5/90

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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 FLOW TEST NO. 1 NOT PERFORMED - NO PIPELINE CONNECTION AVAILABLE TO FLOW THIS ZONE.

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 8:00 A.M. 3/8/90		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	518	227
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	518	227
Minimum pressure during test	105	227
Pressure at conclusion of test	105	227
Pressure change during test (Maximum minus Minimum)	413	N/C
Was pressure change an increase or a decrease?	DECREASE	N/C

Well closed at (hour, date) 8:00 AM 3/9/90 Total time on Production 24 HOURS

Oil production During Test: 0 bbls; Grav. — ; Gas Production During Test 329 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

MARATHON OIL COMPANY
Operator

Mike Greenough
Signature

MIKE GREENOUGH - ENG. TECH
Printed Name Title

OIL CONSERVATION DIVISION

APR 20 1990

Date Approved _____

By [ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR]

Title _____