Submit 3 Copies to Appropriate Dist. Office

State of New Mexico gy, Minerals and Natural Resources Departme

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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 Johi	n H. Hendrix	Corporation	n Le	ase Hinton		Well No. 10
Location	Unit	Sec. 13	Twp 22	Rge 37	County	a
of Well	Name of Reserv	voir 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	12/64
Lower Compl	Tubb		Gas	Flow	Tbg	

FLOW TES	T NO. 1		
Both zones shut-in at (hour, date): 6:00 AM 5/26/01	<u> </u>		<b>Y</b>
Well opened at (hour, date): 12:00 PM 5/26/01		Upper Completion X	Lower Completion
Indicate by ( X ) the zone producing		260	180
Pressure at beginning of test			100
Stabilized? (Yes or No)		<u>yes</u>	<u>yes</u>
Maximum pressure during test		260	180
Minimum pressure during test	.,	140	180
Pressure at conclusion of test		140	180
Pressure change during test (Maximum minus Minimum)	120	0	
Was pressure change an increase or a decrease?	Dograzee	None	
Well closed at (hour, date): 6:00 PM 5/26/01	Total Time On Production	6 hours	
Oil Production During Test: 1 bbls; Grav. 42 Gas Production During Test: 1 bbls; Grav. 42	50	MCF; GOR	50,000
Remarks No evidence of communication			
Well opened at (hour, date): Tubb zone is T.A., no i	ST NO.2 Flowline	Upper Completion	Lower Completion
Indicate by $(X)$ the zone producing	•••••	,	
Pressure at beginning of test.		240	180
Stabilized? (Yes or No)		. <u>yes</u>	yes
Maximum pressure during test		250	180
Minimum pressure during test		240	180
Pressure at conclusion of test		250	180
Pressure change during test (Maximum minus Minimum)			0
Was pressure change an increase or a decrease?			
Well closed at (hour, date) of flow test, zone is t.a  Oil production  During Test:  bbls; Grav.  ; During Test	•Production		
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 Corporation  Operator  Signature Marvin Burrows-Production Supt.	Date Approve	NSERVATION  ed MAY  VAL SIGNED BY  W. WINK ELD REPRESENTATIV	0 6 <b>2002</b>

Printed Name

6-8-01

394-2649

Date

Telephone No.







