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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

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

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 Corporation				Lease Hinton		Well No. 10	
Location of Well	Unit D	Sec. 13	Twp 22	Rge 37	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	Flow	Csg	24/64	
Lower Compl	Tubb		Gas	Flow	Tbg	-----	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 3/18/00

Well opened at (hour, date): 12:00 PM 3/18/00

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	280	180
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	280	180
Minimum pressure during test.....	90	180
Pressure at conclusion of test.....	90	180
Pressure change during test (Maximum minus Minimum).....	170	0
Was pressure change an increase or a decrease?.....	Decrease	none
Well closed at (hour, date): 6:00 PM 3/18/00	Total Time On Production 6 hours	
Oil Production During Test: 1 bbls; Grav. 42	Gas Production During Test 50	MCF; GOR 50,000
Remarks No evidence of communication		

FLOW TEST NO. 2

Well opened at (hour, date): Tubb zone is T.A., no flowline

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	260	180
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	280	180
Minimum pressure during test.....	280	180
Pressure at conclusion of test.....	280	180
Pressure change during test (Maximum minus Minimum).....	20	0
Was pressure change an increase or a decrease?.....	Increase	none
Well closed at (hour, date) no flow test, zone is t.a	Total time on Production	
Oil production During Test: bbls; Grav. ;	Gas Production During Test	MCF; GOR
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.

Printed Name

Title

4-3 -00

394-2649

Date

Telephone No.

MR

OIL CONSERVATION DIVISION

Date Approved

By

Title