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 Departm

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

Conoco Inc Elliott B 15 # 3

Operator			Lease			Well No.
John H. Hendrix, Corp.			Elliott B-15 (formerly A/c-1)			3
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	15	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	Tubb	Gas	Flow	Csg	24/64
Lower Compl	Drinkard	Gas	Flow	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/25/92

Well opened at (hour, date): 12:00 PM 4/25/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	290	0
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	290	0
Minimum pressure during test	75	0
Pressure at conclusion of test	75	0
Pressure change during test (Maximum minus Minimum)	215	0
Was pressure change an increase or a decrease?		

Well closed at (hour, date): 6:00 PM 4/25/92 Total Time On Production 6 hours

Oil Production During Test: 1/4 bbls; Grav. 42 Gas Production During Test 110,000 MCF; GOR 440,000

Remarks: No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): Drinkard zone 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

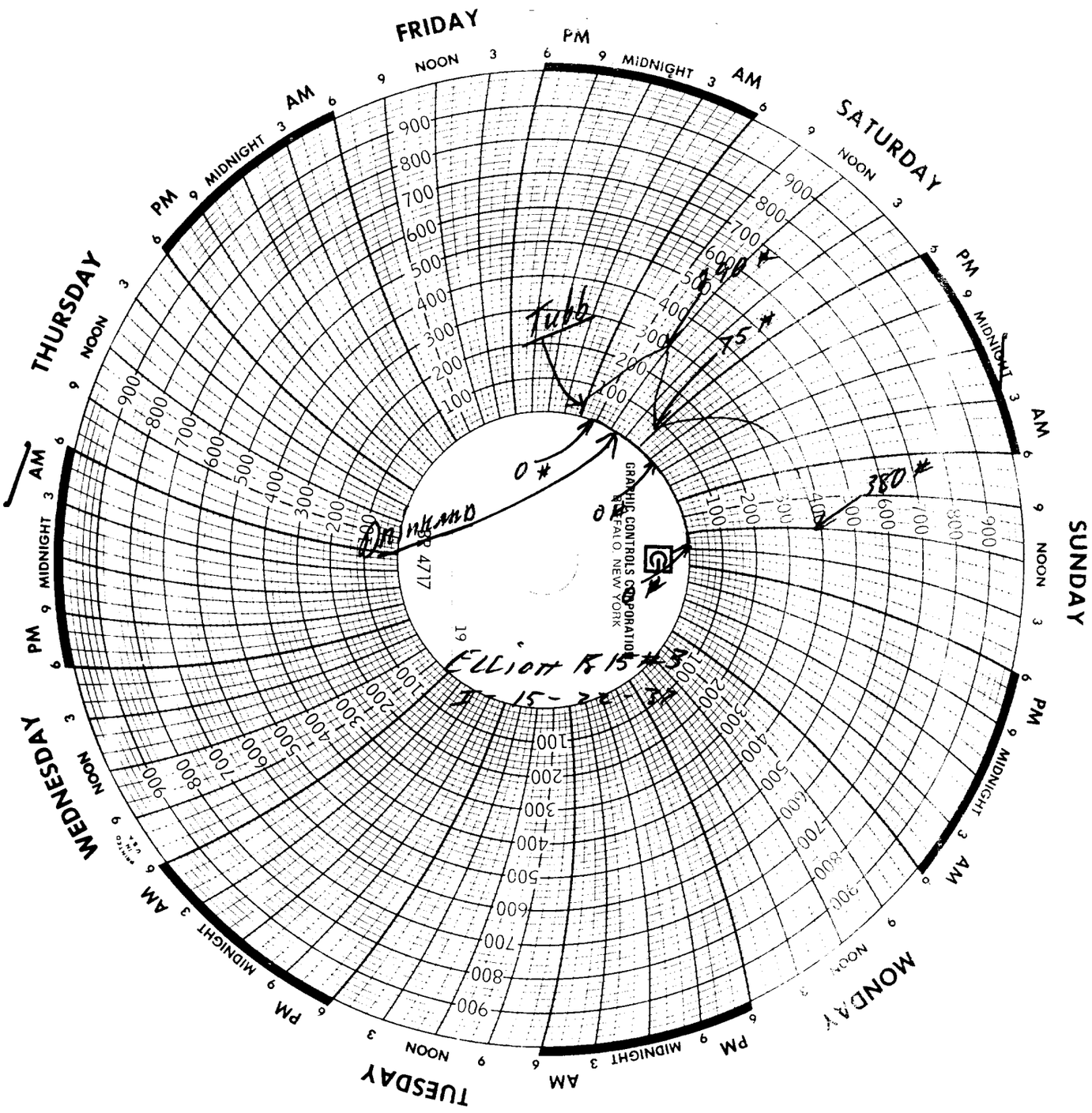
5-15-92 394-2649
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 19 '92

By _____

Title _____



RECEIVED

MAY 1 8 1992

OCD HOBBS OFFICE