Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

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

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	ohn H. Hend	drix Corp.		Lease	Elliott B-	-15	,		Well No. 4
ocation	Unit A	.Sec. 15	Twp 22		Rge 37		County	Lea	
Well	Name of Reserve		Type of Prod.		Method of Prod.		. Medium		Choke Size
oper E	Rame of Reservo	oir or Pool	(Oil or Gas) Gas		Flow, Art Lift Flow		or Csg) Csg		20/64
ompl E	orink á rd		Т.А.		Flow	ļ			-
mpi 12	/			, mr.cm					
	4	6.00		TEST	NO. I				
oth zones shut-in at (hour, date): 6:00 am 4/27/96							Upper		Lower
Vell opened at (hour, date): 12:00 PM 4/1/96							mpletion		Completion
licate by	(X) the zone produ	ucing	• • • • • • • • • • • • • • • • • • • •		•••••••••••	X			
ressure at beginning of test							100		60
abilized? (Yes or No)							no		yes
aximum pressure during test							100		60
inimum pressure during test.							30		60
									50
ressure at conclusion of test									
essure change during test (Maximum minus Minimum)							70		C
as pressure change an increase or a decrease?							ecrease		
II closed Producti		:00 PM 4/2	7/96 Gas Produci	tion	Production	6	hours		
ing Test:	$\frac{-0-}{}$ bbls;	Grav	During Test	_	0	MC	F; GOR	50,	000
narks	No evidence	e of commun	ication						.,
FLOW TEST NO. 2 Yell opened at (hour, date): Drinkard T.A., no flowline						Upper Completion			Lower Completion
icate by	(X) the zone pro	ducing	••••••	•••••					
essure at beginning of test							290		70
abilized? (Yes or No)							yes		yes
aximum pressure during test									70
inimum pressure during test.									70
									70
essure at conclusion of test									
essure change during test (Maximum minus Minimum)								-	
		or a decrease?		Tot	al time on	Incr	ease		
l closed a	at (hour, date)		ConDin	Pro	duction			····	
ing Test:	bbls;	Grav;	During Test_	TOU	МС	F; GOR			
_		one is T.A.				_			
ODER	TOD OFF	2.000							
I hereb	ATOR CERTIFIC y certify that the informpleted to the best of	CATE OF COMP mation contained here my knowledge	PLIANCE in is true		OIL CON				SION
Tala II II II Gama					Date Approved		21 1996		
Operator Survivoros Signature									
_		Production	Supt.						
Printed			Title	-	itle				

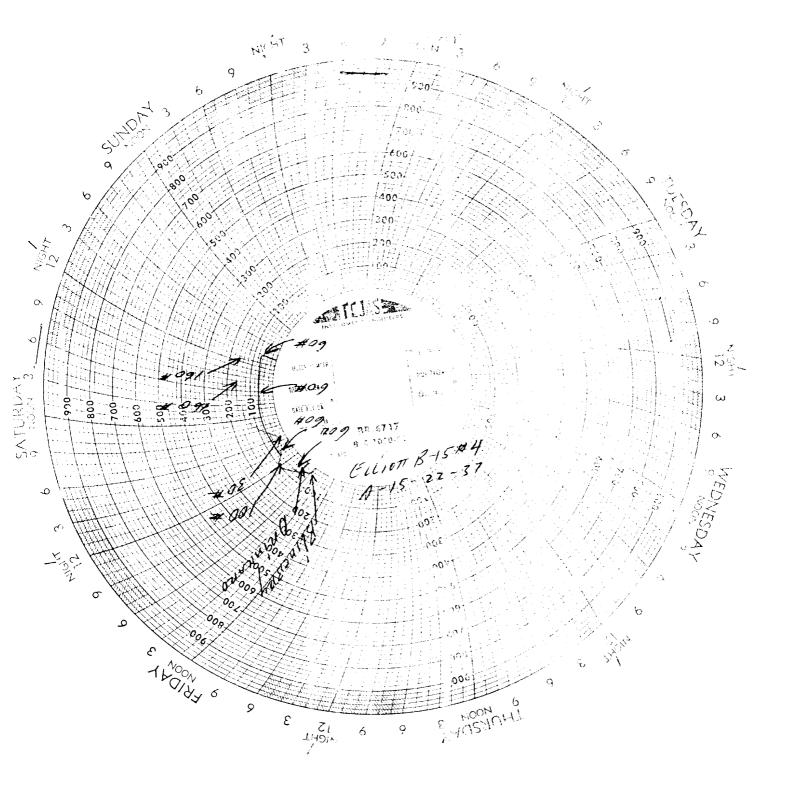
Title

394-2649

Telephone No.

6-18-96

Date



Record and Record and

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