

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>John H. Hendrix Corp.</u>			Lease <u>Elliott B-15</u>			Well No. <u>4</u>		
Location of Well	Unit <u>A</u>	Sec. <u>15</u>	Twp <u>22</u>	Rge <u>37</u>	County <u>Lea</u>			
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	<u>Blinobny</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>20/64</u>		
Lower Compl	<u>Drinkand</u>		<u>T.A.</u>	<u>Flow</u>	<u>Tbg</u>	<u>---</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/30/94

Well opened at (hour, date): 12:00 PM 4/30/94

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): 6:00 PM 4/30/94

Total Time On
Production

Oil Production

During Test: -0- bbls; Grav. ----

Gas Production

During Test 170

MCF; GOR 170,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): Drinkand T.A., no flowline

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 (Drinkand Zone is T.A. No Flow Test)

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

Signature

Marvin Bunnows-Production Supt.

Printed Name

Title

5-4-94

Date

394-2649

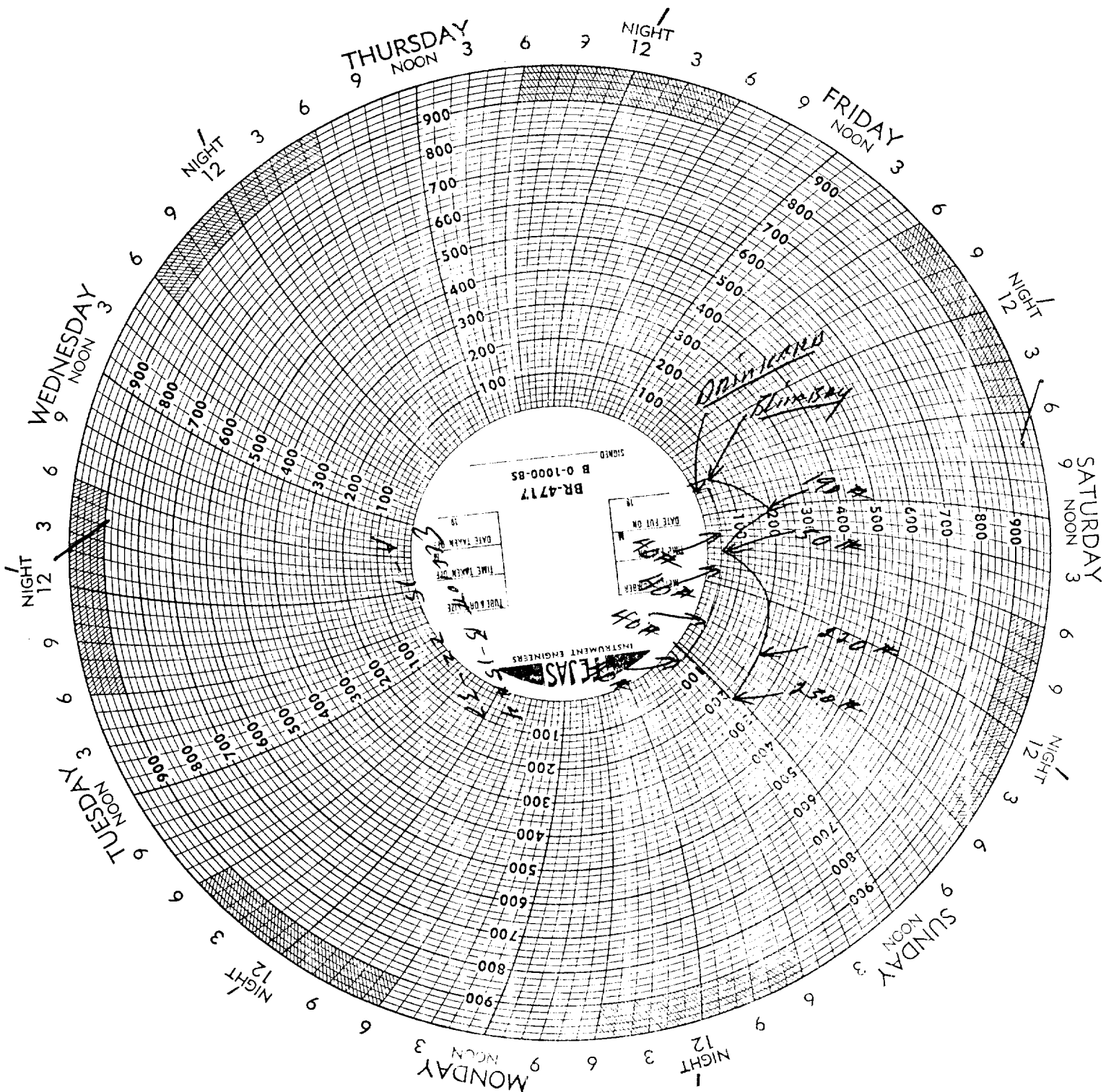
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 6 1994

By

Title



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