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 Department

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease			Well No.
Clayton Williams Jr., Inc.			Matkins			4
Location of Well	Unit	Sec.	Twp	Rge	County	
	K	14	23 - S	36 - E	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	~~Langlie Matrix~~ Jalmat T-Y-7R		Gas	Flow	Csg	Open C. Williams
Lower Compl	~~Yates~~ Langlie Matrix 7Rvrs		Oil	Pump	Tbg	Open

FLOW TEST NO. 1

	Upper Completion	Lower Completion
Both zones shut-in at (hour, date): 9:00 am 5/13/93		
Well opened at (hour, date): 9:00 am 5/14/93		
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	10
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	26	10
Minimum pressure during test	20	10
Pressure at conclusion of test	26	10
Pressure change during test (Maximum minus Minimum)	6	N.C.
Was pressure change an increase or a decrease?	Inc.	N.C.

Well closed at (hour, date): 9:00 am 5/15/93 Total Time On Production 24 hours

Oil Production During Test: 2 bbls; Grav. 38.7 Gas Production During Test t.s.t.m. MCF; GOR ____

Remarks ____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 9:00 am 5/16/93		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	26	10
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	26	10
Minimum pressure during test	10	10
Pressure at conclusion of test	10	10
Pressure change during test (Maximum minus Minimum)	16	NC
Was pressure change an increase or a decrease?	Dec	NC

Well closed at (hour, date) 9:00 am 5/17/93 Total time on Production 24 hours

Oil production During Test: dry gas bbls; Grav. ____; Gas Production During Test 190 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

Clayton Williams Jr., Inc.
Operator

Hollis Phifer
Signature

Hollis Phifer — Tester
Printed Name — Title

5/17/93 — 393-3725
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved ____

DISTRICT 1 SUPERVISOR

By ____

Title ____

JUN - 9 1993

RECEIVED
JUN 0 4 1993
OCD HOBBS OFFICE