

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Amoco State S Com (Tubb Gas)

Operator JOHN H. HENDRIX CORP.			Lease AMOCO STATE S			Well No. 3	
Location of Well	Unit E	Sec. 32	Twp 22	Rge 38	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		Oil & Gas	Pump	Tbg.	32/64	
Lower Compl	Tubb		Oil & Gas	T.A.	Tbg. (T.A.)	-0-	

FLOW TEST NO. 1

6:00 AM 7/20/96

Both zones shut-in at (hour, date):

Well opened at (hour, date): 12:00 PM 7/20/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	340	180
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	340	180
Minimum pressure during test.....	90	180
Pressure at conclusion of test.....	90	180
Pressure change during test (Maximum minus Minimum).....	250	-0-
Was pressure change an increase or a decrease?.....	Decrease	None
Well closed at (hour, date): 6:00 PM 7/20/96	Total Time On Production 6 hours	
Oil Production During Test: 1/2 bbls; Grav. 42	Gas Production During Test 80	MCF; GOR 160,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): Tubb zone is t.a. and not produced

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	360	180
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	370	180
Minimum pressure during test.....	360	180
Pressure at conclusion of test.....	370	180
Pressure change during test (Maximum minus Minimum).....	10	-0-
Was pressure change an increase or a decrease?.....	Increase	none
Well closed at (hour, date)	Total time on Production not produced	
Oil production During Test: 0 bbls; Grav. --	Gas Production During Test 0	MCF; GOR 0

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

Signature

MARVIN BURROWS PRODUCTION SUPT.

Printed Name

8-7-96

Date

Title

505-394-2649

Telephone No.

OIL CONSERVATION DIVISION

AUG 14 1996

Date Approved

By

Title



