

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

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 EXXON CORP.		Lease NEW MEXICO S STATE		Well No. 23	
Location of Well	Unit P	Sec. 2	Twp 22S	Rge 37E	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 Comp	BLINEBRY OIL & GAS	NONE	NONE	CASING	N/A
Lower Comp	TUBB OIL & GAS	GAS	FLOW	TUBING	N/A

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11/23/96 8:00 AM

Well opened at (hour, date): 11/24/96 8:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	240	150
Stabilized? (Yes or No).....		NO
Maximum pressure during test.....	240	150
Minimum pressure during test.....	240	85
Pressure at conclusion of test.....	240	85
Pressure change during test (Maximum minus Minimum).....	0	-65
Was pressure change an increase or a decrease?.....	NONE	DECREASE

Well closed at (hour, date): 11/25/96 8:00 AM

Total Time On
Production 24 HRS

Oil Production

Gas Production

During Test: NONE bbls; Grav. NONE

During Test: 340

MCF; GOR N/A

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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

Gas Production

During Test: bbls; Grav.

During Test

MCF; GOR

Remarks: THERE IS NO SALES POINT OR METER FOR THIS ZONE.

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledge

EXXON CORP.

Operator

Signature

JULIE H. MITCHELL

Printed Name

STAFF OFFICE ASST.

Title

01/22/97

Date

915/688-7888

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

JAN 25 1997

By