

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

Operator EXXON CORP.				Lease New Mexico 'S' State		Well No. 25
Location of Well	Unit N	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 Cag)	Choke Size
Upper Compl	Drinkard		Gas	Flowing	Tubing	Open
Lower Compl	Wantz ABO		Oil	Flowing	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2-20-91 1:15 pm

Well opened at (hour, date): 2-21-91 7:30 am

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	560	340
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	580	360
Minimum pressure during test.....	550	295
Pressure at conclusion of test.....	555	295
Pressure change during test (Maximum minus Minimum).....	30	65
Was pressure change an increase or a decrease?.....	Decrease	Decrease

Well closed at (hour, date): 2-22-91 11:45 am

Oil Production Gas Production

During Test bbls; Grav. During Test MCF; GOR

Total Time On Production 28 hrs 15 min

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 2-23-91 3:00 pm

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	200	785
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	210	785
Minimum pressure during test.....	195	780
Pressure at conclusion of test.....	195	785
Pressure change during test (Maximum minus Minimum).....	15	5
Was pressure change an increase or a decrease?.....	Decrease	Decrease

Well closed at (hour, date): 2-24-91 11:15 am

Oil production Gas Production

During Test bbls; Grav. During Test MCF; GOR

Total time on Production 20 hrs 15 min

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

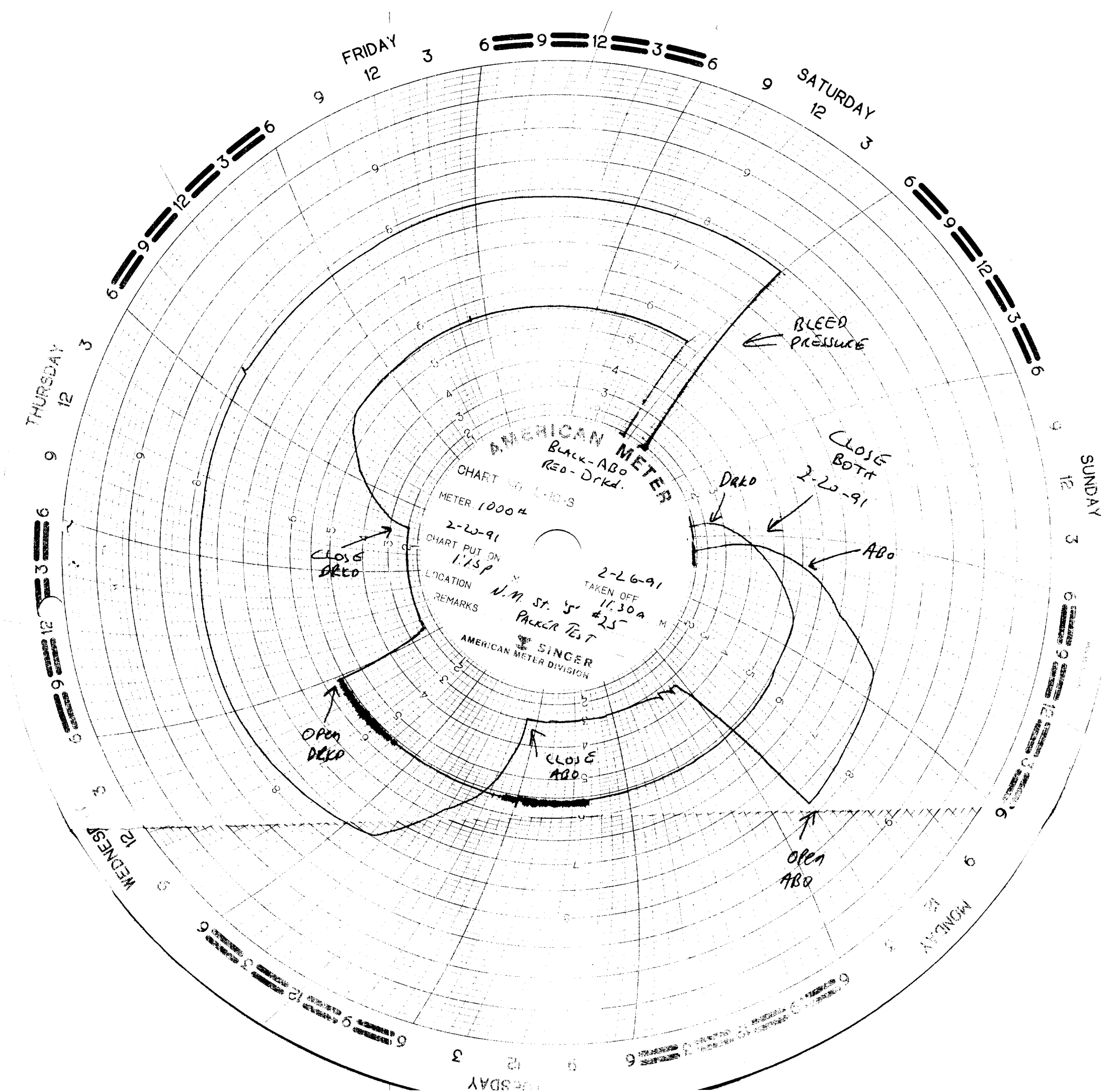
I hereby certify that the information contained herein is true  
and completed to the best of my knowledge

EXXON CORP. P. O. Box 1600 Midland, TX 79702

Signature  
*Babette L. Taylor*  
Babette L. Taylor Office Assistant  
Printed Name  
3-27-91 915-688-7556  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By  
Title



RECEIVED  
MAR 26 91  
HOBBS OFFICE

RECEIVED  
MAR 28 1991  
HOBBS OFFICE