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.	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 Csg)		Choke Size
Upper Compl	Drinkard		Gas	Flowing		Casing		Open
Lower Compl	Wantz ABO		Oil	Flowing		Casing		Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:30 pm 2-1-90

Well opened at (hour, date): 7:00 AM 2-2-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	550	770
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	560	770
Minimum pressure during test	550	760
Pressure at conclusion of test	560	760
Pressure change during test (Maximum minus Minimum)	10	10
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 6:30 AM 2-3-90 Total Time On Production 23-1/2 hrs.

Oil Production During Test _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 11:30 am 2-4-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	250	790
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	250	800
Minimum pressure during test	240	790
Pressure at conclusion of test	240	800
Pressure change during test (Maximum minus Minimum)	10	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 10:00 am 2-5-90 Total time on Production 22-1/2 hrs.

Oil production During Test _____ bbls; Grav. _____; Gas Production During Test _____ 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

Exxon Corp., P. O. Box 1600, Midland, TX 79702
Operator

Babette L. Taylor
Signature

Babette L. Taylor Sr. Clerical Asst.
Printed Name Title

3-2-90 915-688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____