

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 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

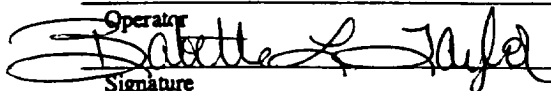
	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	250	790
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	250	800
Minimum pressure during test.....	240	790
Pressure at conclusion of test.....	240	800
Pressure change 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

Operator 79702


Signature

Babette L. Taylor Sr. Clerical Asst.

Printed Name Title

3-2-90 915-688-7556

Date Telephone No.

OIL CONSERVATION DIVISION

APR 4 1990

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____