

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 CORPORATION			Lease NEW MEXICO -S- STATE			Well No. 24	
Location of Well	Unit J	Sec. 2	Twp 22-S	Rge 37-E	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	BLINEBRY OIL & GAS (#1)		TA'D 2A	-	CIBP @ 5600	-	
Lower Compl	WANTZ ABO (#2)		OIL	FLOW	TBG	OPEN	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 A.M.; 11-3-93

Well opened at (hour, date):

Upper
Completion

Lower
Completion

Indicate by (X) the zone producing.....

TA'D

X

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?.....

Total Time On
Production

Well closed at (hour, date):

Oil Production

Gas Production

During Test: bbls; Grav.

During Test

MCF; GOR

Remarks CAN'T PRODUCE BLBY ZONE; TA'D. 2A

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 A.M.; 11-4-93

Upper
Completion

Lower
Completion

Indicate by (X) the zone producing.....

X

Pressure at beginning of test.....

640

365

Stabilized? (Yes or No).....

YES

YES

Maximum pressure during test.....

650

365

Minimum pressure during test.....

640

220

Pressure at conclusion of test.....

650

220

Pressure change during test (Maximum minus Minimum).....

10

145

Was pressure change an increase or a decrease?.....

INCREASE

DECREASE

Well closed at (hour, date) 10:20 A.M.; 11-5-93

Total time on
Production

24 HOURS, 30 MINUTES

Oil production

Gas Production

During Test: 11 bbls; Grav. 383

During Test

177kCF

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

79702

EXXON CORP. P. O. BOX 1600 MIDLAND, TX

Operator

Signature

DON J. BATES

REGULATORY SPEC.

Printed Name

Title

Date

12-1-93 915 688-7874

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

DEC 15 1993

By

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

