

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Corp.				Lease New Mexico 'S' State		Well No. 24	
Location of Well		Unit	Sec.	Twp	Rge	County	
	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	Wantz ABO			Oil	Flow		Open
Lower Compl	Wantz Granite Wash			Shut-in			

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	11: 30 am	4-27-90		
Well opened at (hour, date):	8: 00 am	4-28-90	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			X	
Pressure at beginning of test.....			250	620
Stabilized? (Yes or No).....			Yes	Yes
Maximum pressure during test.....			250	680
Minimum pressure during test.....			220	620
Pressure at conclusion of test.....			220	670
Pressure change during test (Maximum minus Minimum).....			30	60
Was pressure change an increase or a decrease?.....			decrease	increase
Well closed at (hour, date):	7: 00 am	4-29-90	Total Time On Production	23 hours
Oil Production		Gas Production		
During Test	bbls; Grav.	During Test	MCF; GOR	

Remarks

FLOW TEST NO. 2

FLOW TEST NO. 2		Upper Completion	Lower Completion
Well opened at (hour, date):	8:00 am 4-30-90		
Indicate by (X) the zone producing.....			X
Pressure at beginning of test.....		510	250
Stabilized? (Yes or No).....		Yes	Yes
Maximum pressure during test.....		680	250
Minimum pressure during test.....		510	200
Pressure at conclusion of test.....		680	200
Pressure change during test (Maximum minus Minimum).....		170	50
Was pressure change an increase or a decrease?.....		increase	increase
Well closed at (hour, date)	10:00 am 5-1-90	Total time on Production	26 hours
Oil production	Gas Production		
During Test: _____ bbls; Grav. _____;	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 *[Signature]* 79702

Signature Babette L. Taylor
Babette L. Taylor Office Assistant

Printed Name	Title
6-7-90	915 688-7556

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION
JUN 25 1950

Date Approved

By ORIGINAL SIGNED BY JURY GENERAL
DISTRICT SUPERVISOR

Title