



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

May 12, 1989

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Exxon Corporation
Box 1600
Midland, TX 79702

Attn: Babette L. Taylor

Re: Packer Leakage Test
New Mexico "S" State #24-J
Sec. 2, T22S, R37E

Gentlemen:

We are returning the packer leakage test submitted on the above-referenced well and request that you resubmit the test. Our records indicate this well is a quadruple completion in the Penrose Skelly GB, Drinkard, Wantz-Abo and Wantz GW.

If this is not correct, please advise.

Very truly yours

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

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 State "S"			Well No. 24	
Location of Well	Unit J	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	Wantz ABO		Oil	Flowing			
Lower Compl	Wantz Granite Wash						

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:10 p.m. 4-3-89

Well opened at (hour, date): 7:30 a.m. 4-4-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	380	420
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	380	500+
Minimum pressure during test.....	30	420
Pressure at conclusion of test.....	30	500+
Pressure change during test (Maximum minus Minimum).....	350	480+
Was pressure change an increase or a decrease?.....	Decrease	Increase

Well closed at (hour, date): 1:00 p.m. 4-5-89

Oil Production _____ Gas Production _____ Total Time On Production 29½ hrs.

During Test _____ bbls; Grav. _____ During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 1:00 p.m. 4-6-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	380	500+
Stabilized? (Yes or No).....	No	Yes
Maximum pressure during test.....	385	500+
Minimum pressure during test.....	355	77
Pressure at conclusion of test.....	350	80
Pressure change during test (Maximum minus Minimum).....	30	423+
Was pressure change an increase or a decrease?.....	Decrease	Decrease

Well closed at (hour, date): 1:00 p.m. 4-7-89

Oil production _____ Gas Production _____ Total time on Production 24 hrs.

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.

Operator
Babette L. Taylor
Signature
Babette L. Taylor Sr. Clerical Asst.
Printed Name Title
5/9/89 (915) 688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____