

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator John H. Hendrix Corporation			Lease Cossatot C			Well No. 4		
Location of Well	Unit O	Sec. 24	Twp 22	Rge 37	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	Brunson Drk. Abo. So.		Oil	Flow	Csg		24/64	
Lower Compl	Wantz Granite Wash		Oil	Pump	Tbg		Open	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 3/16/02

	Upper Completion	Lower Completion
Well opened at (hour, date):	12:00 PM 3/16/02	
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	110	40
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	110	45
Minimum pressure during test.....	50	40
Pressure at conclusion of test.....	50	45
Pressure change during test (Maximum minus Minimum).....	60	5
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date):	6:00 PM 3/16/02	Total Time On Production 6 hours
Oil Production During Test: 0 bbls; Grav. -	Gas Production During Test 40	MCF; GOR 40,000
Remarks No evidence of communication		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):	6:00 AM 3/17/02	
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	140	60
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	140	60
Minimum pressure during test.....	140	50
Pressure at conclusion of test.....	140	50
Pressure change during test (Maximum minus Minimum).....	0	10
Was pressure change an increase or a decrease?.....	None	Decrease
Well closed at (hour, date):	12:00 PM 3/17/02	Total time on Production 6 hours
Oil production During Test: 2 bbls; Grav. 42	Gas Production During Test 1	MCF; GOR 500
Remarks No evidence of communication		

OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the information contained herein is true
and completed to the best of my knowledge

John H. Hendrix Corporation
Operator
[Signature]
Signature
Manvin Burrows - PROD.
Printed Name Title
5/10/02 394-2649
Date Telephone No.

[Signature] OIL CONSERVATION DIVISION
Date Approved 5/15/02
By ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER
Title

