

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 <b>John H. Hendrix Corporation</b>			Lease <b>Cossatot C</b>			Well No. <b>4</b>		
Location of Well	Unit <b>0</b>	Sec. <b>24</b>	Twp <b>22</b>	Rge <b>37</b>	County <b>Lea</b>			
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	<b>Brunson Drk. Abo. So.</b>		<b>Oil</b>	<b>Flow</b>	<b>Csg</b>		<b>24/64</b>	
Lower Compl	<b>Wantz Granite Wash</b>		<b>Oil</b>	<b>Pump</b>	<b>Tbg</b>		<b>Open</b>	

FLOW TEST NO. 1

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

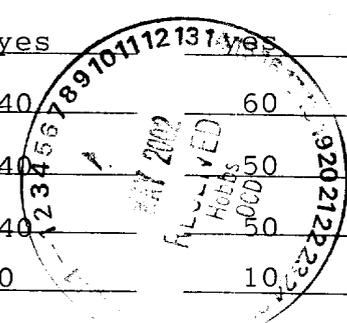
Well opened at (hour, date): 12:00 PM 3/16/02

	Upper Completion	Lower Completion
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): <u>6:00 PM 3/16/02</u>	Total Time On Production <u>6 hours</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>-</u>	Gas Production During Test <u>40</u>	MCF; GOR <u>40,000</u>
Remarks <u>No evidence of communication</u>		

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 3/17/02

	Upper Completion	Lower Completion
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): <u>12:00 PM 3/17/02</u>	Total time on Production <u>6 hours</u>	
Oil production During Test: <u>2</u> bbls; Grav. <u>42</u>	Gas Production During Test <u>1</u>	MCF; GOR <u>500</u>
Remarks <u>No evidence of communication</u>		



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 Bunnows - PROD. Supt.  
Printed Name Title  
5/10/02 394-2649  
Date Telephone No.

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

