Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.
John H. Hendrix Corp.		Cossatot I		1
Location of Well	**Unit** D	**Sec.** 13	**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 Drinkard Abo So	Oil	Flow	Csg	24/64
Lower Compl	Wantz Granite Wash	Oil	Pump	Tbg	32/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/13/96

Well opened at (hour, date): 12:00 PM 4/13/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	240	60
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	240	70
Minimum pressure during test	50	60
Pressure at conclusion of test	50	70
Pressure change during test (Maximum minus Minimum)	190	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 6:00 PM 4/13/96 Total Time On Production 6 hours

Oil Production During Test: ½ bbls; Grav. 42 Gas Production During Test 40 MCF; GOR 80,000

Remarks No evidence of communication

FLOW TEST NO. 2

Well opened at (hour, date): 6;00 am 4/14/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	320	80
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	340	80
Minimum pressure during test	320	30
Pressure at conclusion of test	340	30
Pressure change during test (Maximum minus Minimum)	20	50
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 12:00 PM 4/14/96 Total time on Production 6 hours

Oil production During Test: 1 bbls; Grav. 32 ; Gas Production During Test 1 MCF; GOR 1,000

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 Corp.
Operator

Marvin Burrows
Signature

Marvin Burrows-Production Supt.
Printed Name Title

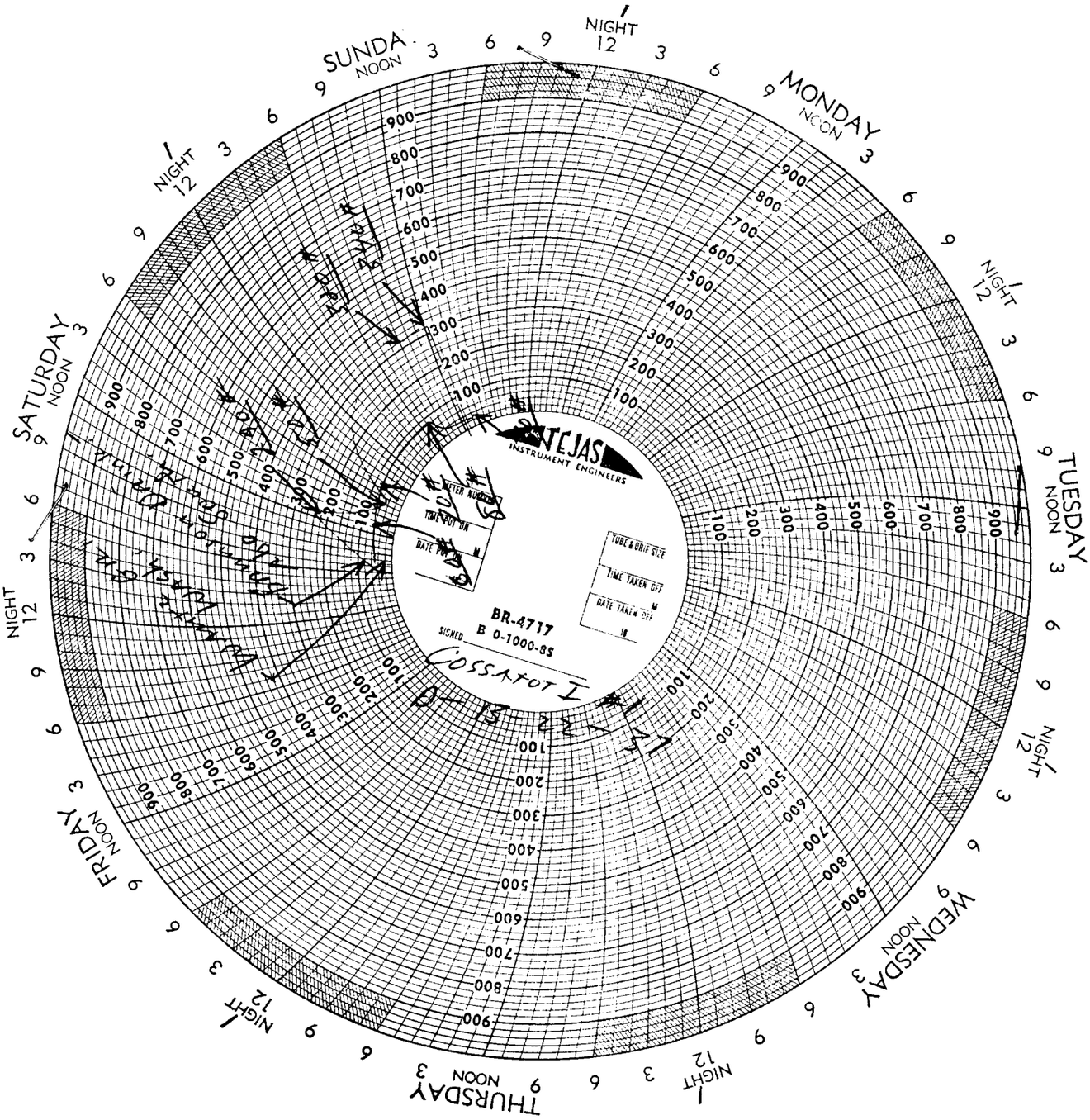
4-17-96 394-2649
Date Telephone No.

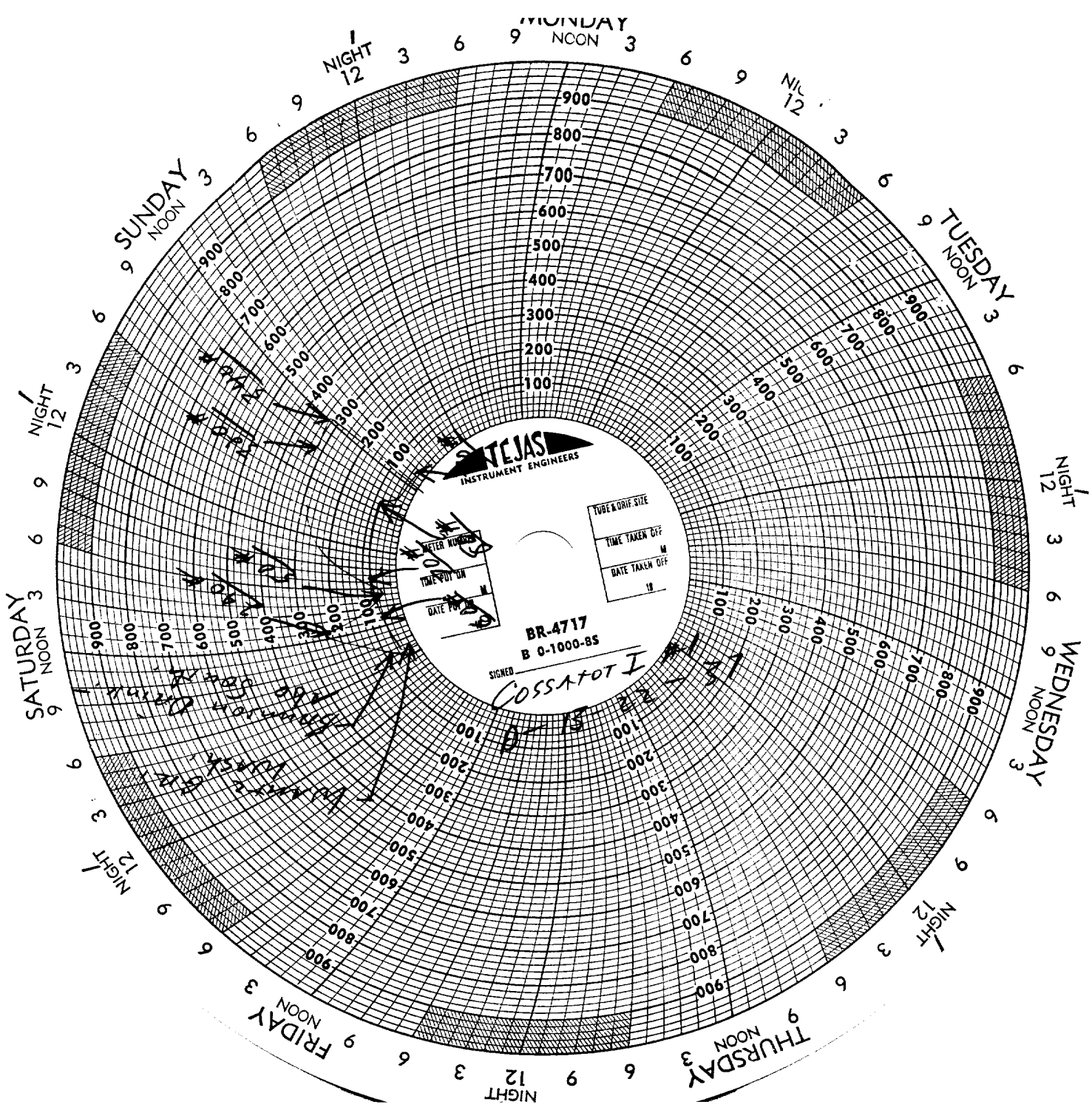
OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____




MONDAY
NOON
TUESDAY
NOON
WEDNESDAY
NOON
THURSDAY
NOON
FRIDAY
NOON
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NOON
SUNDAY
NOON
NIGHT
12
TEJAS
INSTRUMENT ENGINEERS
TUBE & ORIF. SIZE
TIME TAKEN OFF
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DATE TAKEN OFF
19
METER NUMBER
TIME PUT ON
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BR-4717
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SIGNED
COSSATOT I