

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

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

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

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 I			Well No. 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 3/11/95

Well opened at (hour, date): 12:00 PM 3/11/95	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	150	40
Stabilized? (Yes or No).....	No	No
Maximum pressure during test.....	150	50
Minimum pressure during test.....	50	40
Pressure at conclusion of test.....	50	50
Pressure change during test (Maximum minus Minimum).....	100	10
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 6:00 PM 3/11/95	Total Time On Production 6 hours	
Oil Production During Test: 1/2 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 3/12/95	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	230	60
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	230	60
Minimum pressure during test.....	230	40
Pressure at conclusion of test.....	230	40
Pressure change during test (Maximum minus Minimum).....	0	20
Was pressure change an increase or a decrease?.....	---	Decrease
Well closed at (hour, date) 12:00 PM 3/12/95	Total time on Production 6 hours	
Oil production During Test: 2 bbls; Grav. 32	Gas Production During Test 2	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
3-15-95 505-394-2649
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 20 1995

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

