Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

I gy, Minerals and Natural Resources Departme

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 John H. Hendrix Corporatio	n L	Cossatot J	Γ	Well No.
Location Unit Sec. of Well B 24	Twp 22 Type of Prod. (Oil or Gas)	Rge 37 Method of Prod. Flow, Art Lift	County I,ea Prod. Medium (Tog. or Csg)	Choke Size
Upper Compl Drinkard	0i1	Flow	Csg	24/64
Lower Compl Wantz Granite Wash	Oi1	Pump	Tbg	Open

FLOW TE	ST NO. 1		
Both zones shut-in at (hour, date): 6:00 AM 3/16/02	Upper Completion	Lower	
Well opened at (hour, date): 12:00 PM 3/16/02	12:00 PM 3/16/02		Completion
Indicate by (X) the zone producing	•••••	X	
Pressure at beginning of test	150	40	
Stabilized? (Yes or No)		_yes	
Maximum pressure during test		1 = 0	50
Minimum pressure during test	4 =	40	
Pressure at conclusion of test		50	
			1.0
Pressure change during test (Maximum minus Minimum)			Increase
Was pressure change an increase or a decrease?	Total Time On	hours	
Well closed at (hour, date): 6:00 PM 3/16/02 Oil Production Gas Production During Test: bbls; Grav. 42 During Test		MCF; GOR 80	0,000
Remarks No evidence of communication FLOW TEST NO. 2		Upper	Lower
Well opened at (hour, date): 6:00 AM 3/17/02		Completion	Completion
Indicate by (X) the zone producing			X
Pressure at beginning of test	·	210	90
Stabilized? (Yes or No)		. <u>yes</u>	yes
Maximum pressure during test		260	90
Minimum pressure during test		210	40
Pressure at conclusion of test		260	40
Pressure change during test (Maximum minus Minimum)		50	50
Was pressure change an increase or a decrease?		Increas e	Decrea
•	Total time on	hours	60
Well closed at (hour, date) 12:00 PM 3/17/02 Oil production Gas Production			7,00
During Test: 2 bbls; Grav. 42; During Test_		1CF; GOR 500.	120
Remarks No evidence of communication	1		
OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge	M OIL CO	NSERVATION D	
John H. Hendrix Corporation	Date Approve	ed	
Operator Management of a control By OR!		GINAL SIGNED BY	
Signature Proces Proces Supply	Title	TY WATTONK FILL KLARESENTATIV	/E IL/STAFF MAN

I hereby certify that the informand completed to the best of	mation contained herein is true my knowledge	
John H. Hendrix	Corporation	
Operator	7	
Minuited	- new course	
Signature r	$ u_{i}^{\prime\prime}(\phi)$	
121/4/11/64	Funners Supt	
Printed Name	Title	
5/2/02	394-2649	
Date	Telephone No.	

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mp o	IL CONSERVATION [DIVISION
Date A	Approved	,2
Ву	ORIGINAL SIGNED BY	
Title	CICIFICLU NEPRESENTATI	VE IL/STAFF MANAGE!

