

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

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 Corporation				Lease Cossatot J		Well No. 1	
Location of Well	Unit B	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	Drinkard		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

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.....	150	40
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	150	50
Minimum pressure during test.....	45	40
Pressure at conclusion of test.....	45	50
Pressure change during test (Maximum minus Minimum).....	105	10
Was pressure change an increase or a decrease?.....	Decrease	Increase

Well closed at (hour, date): 6:00 PM 3/16/02

Oil Production 1/2 bbls; Grav. 42

Gas Production 40

Total Time On Production 6 hours

MCF; GOR 80,000

Remarks No evidence of communication

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.....	210	90
Stabilized? (Yes or No).....	yes	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?.....	Increase	Decrease

Well closed at (hour, date): 12:00 PM 3/17/02

Oil production 2 bbls; Grav. 42

Gas Production 1

Total time on Production 6 hours

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

Printed Name

Date

Title

394-2649  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5/15/02

By

Title

ORIGINAL SIGNED BY

GEORGE W. WINK

CUSTOMER REPRESENTATIVE II / STAFF MANAGER

