

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 4/7/01

	Upper Completion	Lower Completion
Well opened at (hour, date): 12:00 PM 4/7/01		
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	205	40
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	205	60
Minimum pressure during test.....	40	40
Pressure at conclusion of test.....	40	60
Pressure change during test (Maximum minus Minimum).....	165	20
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 6:00 PM 4/7/01	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 4/8/01	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	285	90
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	290	90
Minimum pressure during test.....	285	40
Pressure at conclusion of test.....	290	40
Pressure change during test (Maximum minus Minimum).....	5	50
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date) 12:00 PM 4/8/01	Total time on Production 6 hours	
Oil production During Test: 2 bbls; Grav. 42	Gas Production During Test 1	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

Marvin Burrows-Production Supt.

Printed Name

Title

5-1-01

394-2649

Date

Telephone No.

MP OIL CONSERVATION DIVISION

Date Approved

By

Title