Submit 3 Copies to Appropriate Dist. Office

State of New Mexico
39, Minerals and Natural Resources Departmen

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

OIL CONSERVATION DIVISION

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

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 J O l	nn H. Hendri	x Corporati	on Lease	Danglade		Well No. 2
Location of Well	A Unit	Sec. 24	Twp 22	Rge 37	County Lea	ì
01 11011	Name of Rese	ervoir or P∞l	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	Blinebry		Oil & Gas	Flow	Csg	20/64
Lower Compl	Brunson Drk	. Abo So.	Oi1	Pump	Tbg	open

FLOW TEST NO. 1		
Both zones shut-in at (hour, date): 6:00 AM 4/21/01		
Well opened at (hour, date): 12:00 PM 4/21/01	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing	X	
Pressure at beginning of test.	200	40
Stabilized? (Yes or No)	. HOC	yes
Maximum pressure during test	200	50
Minimum pressure during test	70	40
Pressure at conclusion of test	70	50
Pressure change during test (Maximum minus Minimum)	130	10
Was pressure change an increase or a decrease?	Decrease	Increase
Was pressure change an increase of a decrease.  Total Time On Well closed at (hour, date): 6:00 PM 4/21/01 Production	6 hours	
Oil Production  During Test: bbls; Grav. 42  During Test 30	MCF; GOR_6	50,000
Remarks No evidence of communication		
Well opened at (hour, date): 6:00 AM 4/22/01 FLOW TEST NO. 2	Upper Completion	Lower Completion
Indicate by $(X)$ the zone producing	•	X
Pressure at beginning of test.	210	80
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	220	80
Minimum pressure during test	210	40
Pressure at conclusion of test.	220	40
Pressure change during test (Maximum minus Minimum)	10	40
Was pressure change an increase or a decrease?	Increase	Decrease
Well closed at (hour, date) 12:00 PM 4/22/01 Total time on Production 6 he	ours	
Oil production Gas Production	CF; GOR 200	
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	NSERVATION	DIVISION MAY 18 2001
John H. Hendrix Corporation Date Approve	OHIOHAGE	*** (See E
Operator  Manuel Survaces  Signature  By	GARY VI FIELD RE	\$2, J)
Marrin Dunnarra Duaduation Cunt		
Printed Name Title	-	

 Printed Name
 Title

 5-9-01
 394-2649

 Date
 Telephone No.

