Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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			Lease		Well No.
EXXON CORP.			New Mexico State 'S'		27
Location of Well: Unit	Sec.	Twp	Rge	County	
K	2	22S	37E	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	gas	flowing	tubing	open
Lower Compl	Wantz ABO	oil	flowing	tubing	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:45 PM 2-12-89

Well opened at (hour, date): 1:00 PM 2-13-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	320	520
Stabilized? (Yes or No)	no	no
Maximum pressure during test	325	670
Minimum pressure during test	317	550
Pressure at conclusion of test	317	670
Pressure change during test (Maximum minus Minimum)	8	120
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 9:15 AM 2-14-89 Total Time On Production 25 3/4 hrs.

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:15 AM 2-15-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	325	765
Stabilized? (Yes or No)	no	no
Maximum pressure during test	385	765
Minimum pressure during test	330	240
Pressure at conclusion of test	390	295
Pressure change during test (Maximum minus Minimum)	55	470
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date) 9:00 AM 2-16-89 Total time on Production 23 3/4 hrs.

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

EXXON CORP.
Operator

Babette L Taylor
Signature

Babette L. Taylor Sr. Clerical Asst.
Printed Name Title

3/22/89
Date

915-688-7556
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 23 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____