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 'S' State		29

Location of Well	Unit	Sec.	Twp	Rge	County
	L	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	Tbg	Open
Lower Compl	Wantz ABO	Oil	Flowing	tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:00 pm 2-11-90

Well opened at (hour, date): 10:30 AM 2-12-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	275	630
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	275	800
Minimum pressure during test	275	630
Pressure at conclusion of test	275	800
Pressure change during test (Maximum minus Minimum)	0	170
Was pressure change an increase or a decrease?	---	Increase

Well closed at (hour, date): 1:00 pm 2-13-90 Total Time On Production 26-1/2 hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 12:00 PM 2-14-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	570	340
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	575	340
Minimum pressure during test	570	200
Pressure at conclusion of test	575	200
Pressure change during test (Maximum minus Minimum)	5	140
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 1:00 PM 2-16-90 Total time on Production 49 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., P.O. Box 1600, Midland, TX 79702

Operator

Babette L. Taylor

Signature

Babette L. Taylor Sr. Clerical Asst.

Printed Name Title

4-2-90 915-688-7556

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title