

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Corp.			Lease New Mexico 'S' State			Well No. 29	
Location of Well	Unit L	Sec. 2	Twp 22S	Rge 37E	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		Gas	Flowing	thy	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 _____	

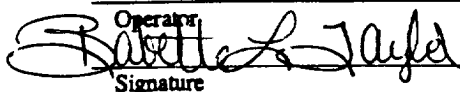
Remarks _____

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

Operator 79702



Babette L. Taylor Sr. Clerical Asst.

Printed Name 4-2-90 915-688-7556 Title

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ORIGINAL SIGNED BY JERRY SEYTOAT
DISTRICT I SUPERVISOR

Title _____