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'		30
Location of Well: Unit	Sec.	Twp	Rge	County	
I	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 Granite Wash		Oil	Pumping	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:40 am 4-11-91

Well opened at (hour, date): 10:40 am 4-12-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	275	110
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	275	120
Minimum pressure during test	140	110
Pressure at conclusion of test	155	120
Pressure change during test (Maximum minus Minimum)	135	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 12:00 pm 4-13-91 Total Time On Production 25 hrs 20 min

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 am 4-14-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	295	120
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	300	125
Minimum pressure during test	295	110
Pressure at conclusion of test	300	110
Pressure change during test (Maximum minus Minimum)	5	15
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date) 4-15-91 Total time on Production _____

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

Signature

Babette L. Taylor Office Assistant
Printed Name Title

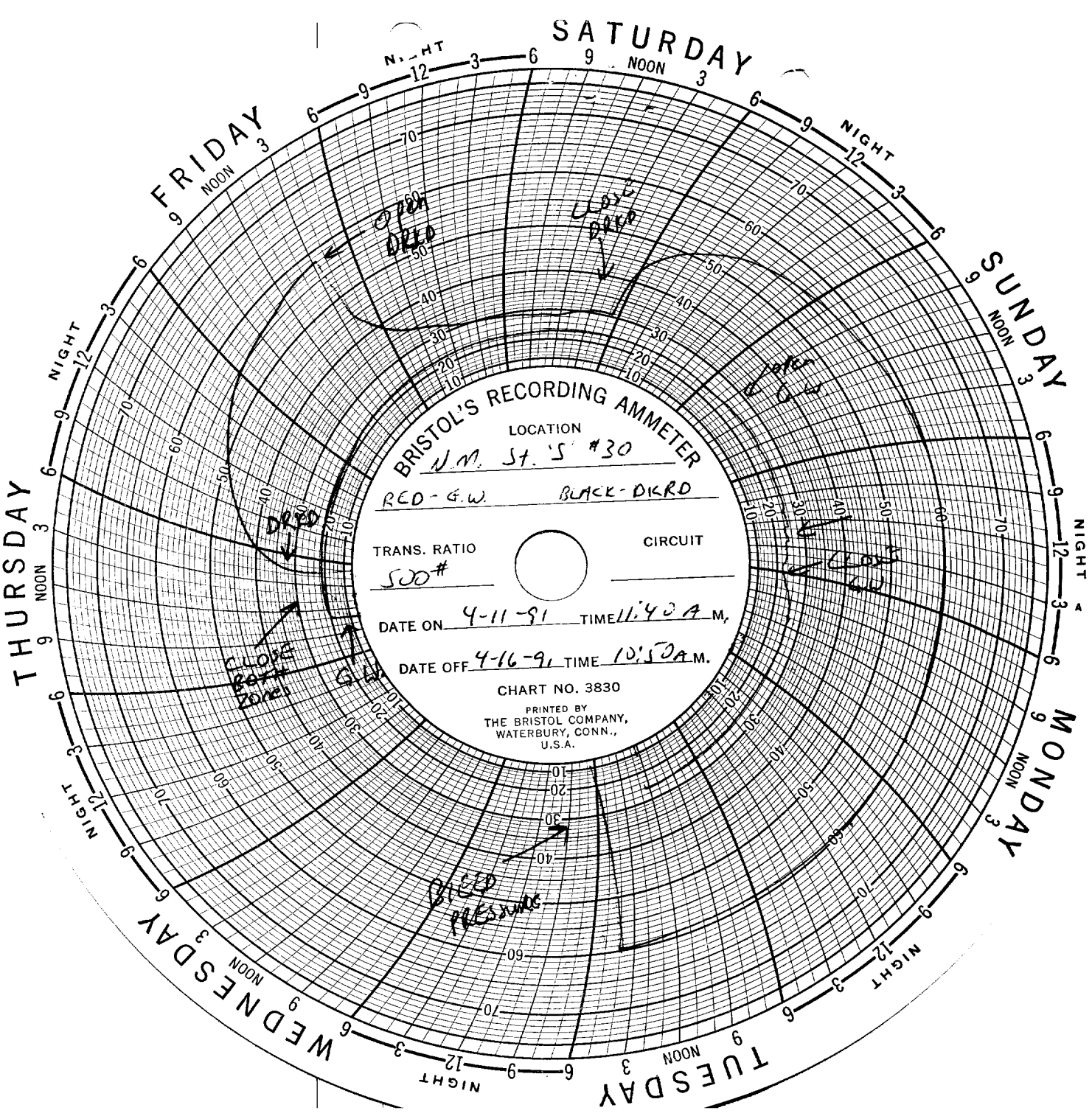
5-29-91 915-688-7556
Date Telephone No.

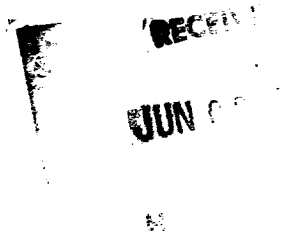
OIL CONSERVATION DIVISION

Date Approved JUN 5 1991

By Orig. Signed Paul Kautz Geologist

Title _____


BRISTOL'S RECORDING AMMETER
LOCATION
W.M. St. 'S' #30
RED - G.W.
BLACK - DKRD
TRANS. RATIO
500#
CIRCUIT
DATE ON 4-11-91 TIME 11.40 A M.
DATE OFF 4-16-91 TIME 10.50 A.M.
CHART NO. 3830
PRINTED BY
THE BRISTOL COMPANY,
WATERBURY, CONN.,
U.S.A.
SATURDAY
SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
NIGHT
NOON
DKRD
CLOSE
BOTH
ZONES
G.W.
CLOSE
G.W.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JUN