



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

August 7, 1996

BRUCE KING  
GOVERNOR

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-5161

Exxon Corp.

ATTN Babett Taylor

P O Box 2100

Hobbs NM 88241

RE: Packer Leakage Tests

Gentlemen:

A Packer Leakage Test was due to have been filed no later than

July 10th for the following wells:

New Mexico S State

34-0

2-22-37

WANTZ ABO

IF WE DO NOT RECEIVE A PLT BY AUGUST 21, 1996, YOUR ALLOWABLE WILL BE CANCELLED.

Please submit a Packer Leakage Test for each of the above listed wells at the earliest possible date in order to avoid allowable cancellation for these wells,

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton  
Supervisor, District I

JS:mp

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  
repeating packer leakage tests in  
Northeast New Mexico

#### SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EXXON COMPANY			Lease NEW MEXICO S STATE			Well No. 34
Location of Well	Unit 0	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)	Cable Size
Upper Compl	BLINEBRY		OIL	ART LIFT	TBG & CSG	n/a
Lower Compl	ABO		GAS	FLOWING	TBG	n/a

#### FLOW TEST NO. 1

Both zones shut-in at (hour, date): \_\_\_\_\_

Well opened at (hour, date): \_\_\_\_\_

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date): _____	Total Time On Production _____	
Oil Production During Test: _____ bbls; Grav. _____	Gas Production During Test: _____ MCF; GOR _____	
Remarks _____		

	Upper Completion	Lower Completion
Well opened at (hour, date): 12:00pm 6/28/96		
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	340	326
Stabilized? (Yes or No).....	NO	NO
Maximum pressure during test.....	340	328
Minimum pressure during test.....	162	326
Pressure at conclusion of test.....	162	328
Pressure change during test (Maximum minus Minimum).....	-172	+2
Was pressure change an increase or a decrease?.....	decrease	increase
Well closed at (hour, date) n/a	Total time on Production 3 hours	
Oil production During Test: n/a bbls; Grav. _____	Gas Production During Test: n/a MCF; GOR _____	
Remarks (ABO) CHART SHOWS NO PRESSURE DROP WHEN UPPER IS BEING PRODUCED		

#### OPERATOR CERTIFICATE OF COMPLIANCE

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

EXXON COMPANY, USA  
Operator SELENA NUNEZ  
Signature SELENA NUNEZ  
Printed Name 7/5/96  
Date  
SR. OFC. ASST.  
Title  
(915) 688-7899  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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 1-1-85

INSTRUCTIONS ON REVERSE  
SIDE

This form is not to be used for  
reporting production test data in  
Northern New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Exxon Company, USA		Lease NEW MEXICO S STATE		Well No. 34	
Location of Well	Unit 0	Sec. 2	Top 22S	Base 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)
Upper Comp	BLINEBRY		OIL	ART LIFT	TBG & CSG
Lower Comp	ABO		GAS	FLOWING	TBG

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00pm 6/23/96

Well opened at (hour, date): 12:00pm 6/24/96

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	352	327
Stabilized? (Yes or No)..... ABO SHUT-IN ALL WEEK	no	yes
Maximum pressure during test.....	486	327
Minimum pressure during test.....	352	57
Pressure at conclusion of test.....	486	290
Pressure change during test (Maximum minus Minimum).....	+134	-270
Was pressure change an increase or a decrease?.....	increase	decrease
Well closed at (hour, date): 6/25/96	Total Time On Production 24 hours	
Oil Production During Test: 0 bbls; Grav. _____	Gas Production During Test: n/a	MCF; GOR _____
Remarks: ABO IS A DRY GAS WELL		

FLOW TEST NO. 2

Well opened at (hour, date): 12:00pm 6/26/96

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	X	
Pressure at beginning of test.....	486	290
Stabilized? (Yes or No).....	no	no
Maximum pressure during test.....	486	326
Minimum pressure during test.....	105	290
Pressure at conclusion of test.....	340	326
Pressure change during test (Maximum minus Minimum).....	-381	+30
Was pressure change an increase or a decrease?.....	decrease	increase
Well closed at (hour, date): 12:00pm 6/27/96	Total time on Production 24 hours	
Oil production During Test: n/a bbls; Grav. _____	Gas Production During Test: n/a	MCF; GOR _____
Remarks: chart was bumped and a partial second test was performed (attached)		

OPERATOR CERTIFICATE OF COMPLIANCE

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

EXXON COMPANY, USA

Operator

*Seleena Nunez*

Signature

SELENA NUNEZ

SR. OFC. ASST.

Printed Name

7/5/96

(915) 688-7899

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

