Submit 3 Copies to Appropriate Dist[illegible]e

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 Re[illegible]es 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'		35
Location of Well: Unit	Sec.	Twp	Rge	County	
A	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: Wantz ABO				Tubing	
Lower Compl: Wantz Granite Wash		Oil	Pumping	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:40 pm 4-16-91

Well opened at (hour, date): 2:40 pm 4-17-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	160	160
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	300	160
Minimum pressure during test	160	160
Pressure at conclusion of test	160	160
Pressure change during test (Maximum minus Minimum)	140	---
Was pressure change an increase or a decrease?	Increase	---

Well closed at (hour, date): 4:40 pm 4-18-91 Total Time On Production 26 hrs

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

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-19-91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	500	160
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	500+	165
Minimum pressure during test	500	160
Pressure at conclusion of test	500+	160
Pressure change during test (Maximum minus Minimum)		5
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date) 4-20-91 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

Babette L. Taylor
Signature

Babette L. Taylor Office Assistant
Printed Name Title

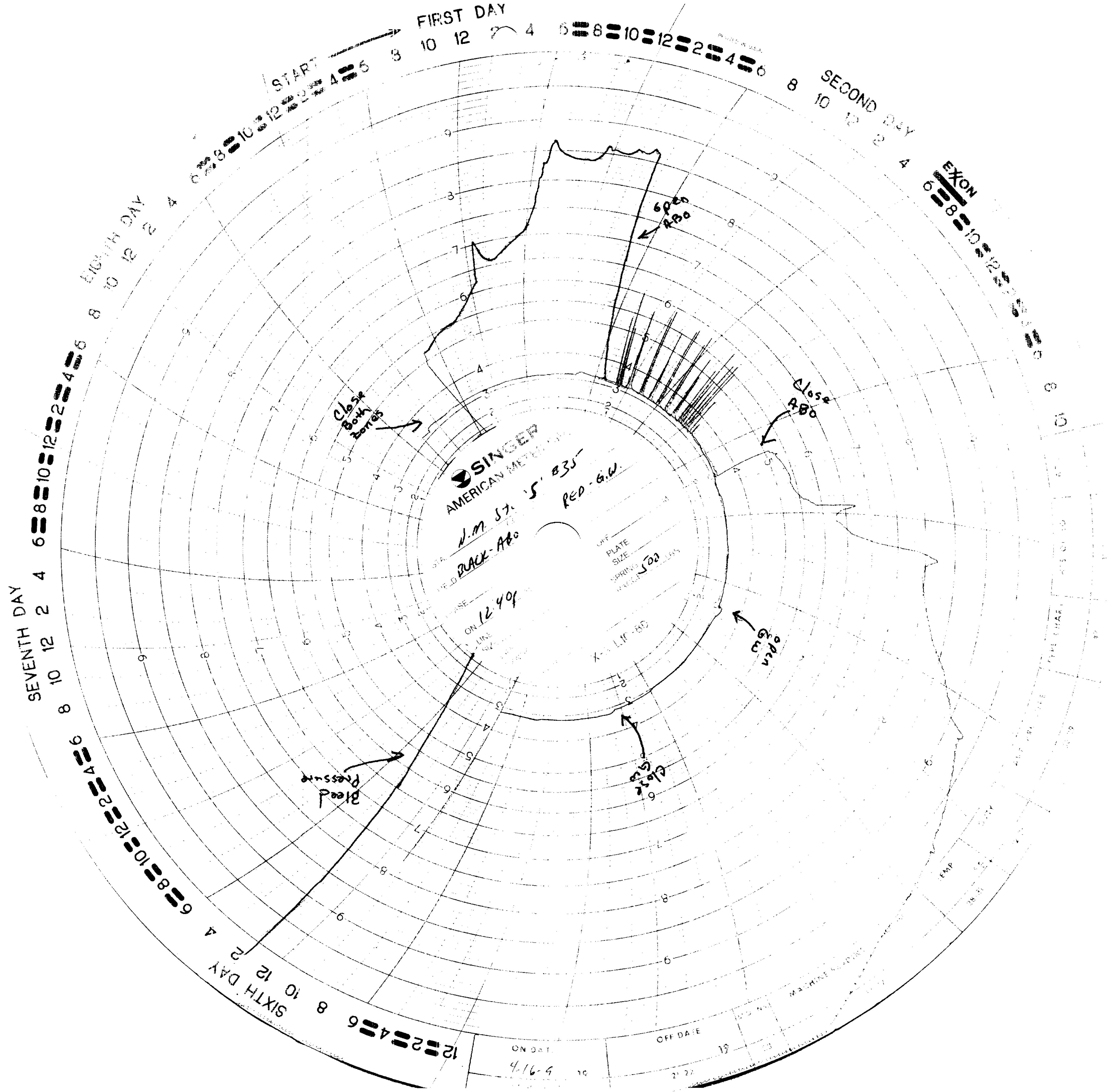
5-29-91 915-688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 10 1991

By Orig. Signed by, Paul Kautz

Title Geologist


START
FIRST DAY
SECOND DAY
SIXTH DAY
SEVENTH DAY
EXXON
SINGER
AMERICAN METER
N.M. St. 'S' B35
RED-G.W.
BLACK-ABO
ON 12:40
PLATE
SIZE
SPRING 500
Open ABO
Close ABO
Close Both Zones
Open GW
Close GW
Bleed Pressure
ON DATE
4-16-9
OFF DATE