DISTRICT I

State of New Mexico Energy, Minerals and Natural Resources Partment

P.O. Drawer DD, Artesia, NIM 88210

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

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, 1-mi 88240

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

INSTRUCTIONS ON REVERSE

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator EX	oxon Corp.		Less Ne	w Mexico 'S' S	tate	Well No. 35
ocation Well	Unit A	Sec. 2	Twp 22S	Rge 37E	County	a
	Name of Res	ervoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tog. or Csg)	Choke Size
Upper Compl	ABO		OIL	Flow	Tubing	Open
Lower Compl	Wantz Grani	te Wash	OIL	Pump	Tubing	Open

FLOW TEST NO. 1

Vell opened at (hour, date): 9: 00 am 4-22-90	Upper Completion	Lower Completion
ndicate by (X) the zone producing	х	
ressure at beginning of test.	250	200
tabilized? (Yes or No)	NO	Yes
Saximum pressure during test.	460	200
Ginimum pressure during test.	225	200
ressure at conclusion of test.	225	200
ressure change during test (Maximum minus Minimum).	235	0
/as pressure change an increase or a decrease?	_	
/ell closed at (hour, date): 10: 00 am 4-24-90 Production		
il Production Gas Production	MCF; GOR	
il Production Gas Production uring Testbbls; Gravburing Test	MCF; GOR	<u>. </u>
il Production Gas Production uring Test:bbls; Grav During Test emarks FLOW TEST NO. 2	MCF; GOR Upper Completion	Lower Completion
Production Gas Production During Test: bbls; Grav. marks FLOW TEST NO. 2 ell opened at (hour, date): 2: 00 pm 4-25-90.	Upper Completion	
il Production Gas Production During Test: cmarks fell opened at (hour, date): 2: 00 pm 4-25-90. dicate by (X) the zone producing.	Upper Completion	Completion
Production Gas Production During Test marks FLOW TEST NO. 2 ell opened at (hour, date): 2: 00 pm 4-25-90 dicate by (X) the zone producing.	Upper Completion	Completion X
il Production Gas Production During Test cmarks FLOW TEST NO. 2 ell opened at (hour, date): 2: 00 pm 4-25-90 dicate by (X) the zone producing. essure at beginning of test. abilized? (Yes or No).	Upper Completion 760 Yes	Completion X 200
il Production Gas Production During Test During Test emarks FLOW TEST NO. 2 'ell opened at (hour, date): 2: 00 pm 4-25-90 dicate by (X) the zone producing. essure at beginning of test. abilized? (Yes or No)		Completion X 200 Yes
il Production Gas Production During Test emarks FLOW TEST NO. 2 dicate by (X) the zone producing. dicate by (Yes or No) aximum pressure during test inimum pressure during test Gas Production During Test FLOW TEST NO. 2 4-25-90. day 1990. day 1990. Gas Production During Test FLOW TEST NO. 2 4-25-90. dicate by (X) the zone producing abilized? (Yes or No) aximum pressure during test	Upper Completion 760 Yes 770 760	X 200 Yes 200
il Production Gas Production During Test emarks FLOW TEST NO. 2 'ell opened at (hour, date): 2: 00 pm 4-25-90. dicate by (X) the zone producing. essure at beginning of test. abilized? (Yes or No) aximum pressure during test. inimum pressure during test. essure at conclusion of test.	Upper Completion 760 Yes 770 760 770	X 200 Yes 200 190
il Production Gas Production During Test	Upper Completion 760 Yes 770 760 770	X 200 Yes 200 190 190
il Production uring Test:		X 200 Yes 200 190 190
il Production uring Test: bbls; Grav. During Test emarks FLOW TEST NO. 2 /ell opened at (hour, date): 2: 00 pm 4-25-90. dicate by (X) the zone producing. abilized? (Yes or No) faximum pressure during test. inimum pressure during test. essure at conclusion of test. essure at conclusion of test. essure change during test (Maximum minus Minimum). fas pressure change an increase or a decrease? fell closed at (hour, date) 12: 00 pm 4-26-90 Total time on Production Gas Production Gas Production		X 200 Yes 200 190 190

PERATOR CERTIFICATE OF COMPLIA	NCE_
I hereby certify that the information contained herein is	true (
and completed to the best of my knowledge	a)

	Exxon Corp.	P.O.	Box	1600	Midland,	
	Operator	0 -	1,	0 >	7970	2
	DURITO		YШ	Lex.		_
	Signature	•	. 0			_
_	Babette L. Tav	lor	Off	Eice A	Assistant	:
_	Printed Name				Title	_

	U
Babette L. Taylor	Office Assistant
Printed Name	Title
6-7-90	915 688-7556
Date	Telephone No.

OIL CONSE	PATIO	PIVISIO	N
1	JUIN 6	ร บ เออเ	u

Date Ann	proved
_ ORIG	MODERN SEEL VOICEMENT AND
_,	DISTRICT I SUPERVISOR

RECEIVED

JUN 0 8 1990 HOBE 199