bmit 3 Copies to
ppropriate Dist. Office

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

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

State of New Mexico
F gy, Minerals and Natural Resources Departmer

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" State			36
Location of Well	Unit	Sec.	Twp	Rge	County	
	B	2	22	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		Oil	Flow		Open
Lower Compl	Wantz Granite Wash		Oil	Pump	-	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00 PM 5-20-89

Well opened at (hour, date): 7:00 AM 5-21-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	835	25
Stabilized? (Yes or No)	no	yes
Maximum pressure during test	835	25
Minimum pressure during test	200	25
Pressure at conclusion of test	200	25
Pressure change during test (Maximum minus Minimum)	635	0
Was pressure change an increase or a decrease?	decrease	-

Well closed at (hour, date): 1:30 PM 5-22-89 Total Time On Production 30 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): 6:00 AM 5-23-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	840	150
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	845	200
Minimum pressure during test	840	100
Pressure at conclusion of test	840	200
Pressure change during test (Maximum minus Minimum)	5	50
Was pressure change an increase or a decrease?	increase	increase

Well closed at (hour, date) 7:00 AM 5-24-89 Total time on Production 24 1/2 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.
Operator

Babette L Taylor
Signature

Babette L. Taylor Sr. Clerical Assistant
Printed Name Title

6-16-89 915 688-7556
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 20 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____