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.
Anadarko Production Corporation			Langley Deep		1
Location of Well: Unit C	Sec. 28	Twp 22s	Rge 36e	County 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	Langlie Strawn ✓	Oil	Pump	Tbg.	-
Lower Compl	Langlie Devonian ✓	Gas	Flow	Tbg.	48/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:45 AM 5/6/96

Well opened at (hour, date): 8:45 AM 5/7/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	0	1150
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	0	1150
Minimum pressure during test	0	30
Pressure at conclusion of test	0	30
Pressure change during test (Maximum minus Minimum)	0	1120
Was pressure change an increase or a decrease?	-	Decrease

Well closed at (hour, date): 8:45 AM 5/8/96 Total Time On Production 24.0 Hours

Oil Production During Test: 22 bbls; Grav. 48 Gas Production During Test 252 MCF; GOR 11455

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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 * Strawn not connected to flowline; did not flow

OPERATOR CERTIFICATE OF COMPLIANCE

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

Anadarko Production Corporation
Operator

Signature J. Nickerson
Jarrel Services, Inc. Agent
Printed Name Title

5/10/96 (505) 393-1736
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 15 1996
Date Approved

By ORIGINAL SIGNED BY GARY WINK

Title FIELD REP. II