

Submit 3 Copies to  
Appropriate Dist. Office:

State of New Mexico  
Energy, Minerals & Natural Resources Department

Revised 1-1-89

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

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

INSTRUCTIONS ON REVERSE  
SIDE

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator AMERADA HESS CORPORATION		Lease STATE NJ "A"		Well No. 3	
Location of Well A	Unit 2	Sec. 25	Twp 37	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 SAN ANDRUS SWD JUSTICE PADDOCK					
Lower Compl JUSTICE BLINEBRY NORTH JUSTICE FUSSELMAN					

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M. 4-25-94

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	Gas Production	
During Test: bbls; Grav.	During Test	MCF; GOR
Remarks ALL ZONES IN WELL TA'D		

FLOW TEST NO. 2

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	Gas Production	
During Test: bbls; Grav.	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

AMERADA HESS CORPORATION

Operator  
*Bill Petree*  
Signature

BILL PETREE OPERATION TECHNICIAN  
Printed Name Title

5-12-94 (505) 393-2144  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title