

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

OIL CONSERVATION DIVISION

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator John H. Hendrix Corp.			Lease New Mexico State (AB)			Well No. 4	
Location of Well	Unit A	Sec. 16	Twsp 24	Rge 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	Langlie Mattix 7 Riv.Qu.		Oil	Flow	Tbg	open	
Lower Compl	Fowler Upper Yeso		Oil	Flow	Tbg	open	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 2/17/96

Well opened at (hour, date): 12:00 PM 2/17/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	180	40
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	180	45
Minimum pressure during test.....	60	40
Pressure at conclusion of test.....	60	45
Pressure change during test (Maximum minus Minimum).....	120	5
Was pressure change an increase or a decrease?.....	Decrease	Increase
Well closed at (hour, date): 6:00 PM 2/17/96	Total Time On Production 6 hours	
Oil Production During Test: 0 bbls; Grav. 0	Gas Production During Test 10	MCF; GOR 10,000
Remarks No evidence of communication		

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 2/18/96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	220	50
Stabilized? (Yes or No).....	yes	yes
Maximum pressure during test.....	220	50
Minimum pressure during test.....	230	35
Pressure at conclusion of test.....	230	35
Pressure change during test (Maximum minus Minimum).....	10	15
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date) 12:00 PM 2/18/96	Total time on Production 6 hours	
Oil production During Test: 1/2 bbls; Grav. 40	Gas Production During Test 4	MCF; GOR 8,000
Remarks No evidence of communication		

OPERATOR CERTIFICATE OF COMPLIANCE

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

John H. Hendrix Corp.

Operator

Signature

Marvin Burrows-Production Supt.

Printed Name
3-6-95

394-2649 Title

Date

Telephone No.

OIL CONSERVATION DIVISION

MAR 18 1996

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

Title

INSTRUCTIONS

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