

**NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT**

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name San Juan 30-5 Unit Well No. 27

Location of Well: Unit Letter M Sec. 20 Twp. 30N Range 5W
Location of well API # 30-0 30-039-07792

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. Or Csg)
Upper Completion	Mesaverde	Gas	Flow	tbg
Lower Completion	Dakota	Gas	Flow	tbg

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	1100 am	12/15/2004	260	275	yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	11:00 AM	12/15/2004	285	300	yes

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	1100 am	12/20/2004	Zone producing (upper or lower)	lower
TIME	LAPSED TIME	PRESSURE		Remarks
Date	SINCE*	Upper	Lower	
12/16/2004	Day 1	265	290	Both zones shut-in
12/17/2004	Day 2	275	300	Both zones shut-in
12/18/2004	Day 3	275	300	Both zones shut-in
12/19/2004	Day 4	275	300	Both zones shut-in
12/20/2004	Day 5	275	300	Opened Lower zone to production
12/21/2004	Day 6	275	130	

Production rate during test					
Oil	0	BOPD based on	Bbls.in	Hours	Grav. GOR
Gas	140	MCFPD; Tested thru (Orifice or Meter):		meter	

MID-TEST SHUT-IN PRESSURE DATA (for new well)

Upper Completion	Hour	Date	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Lower Completion	Hour	Date	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)

FLOW TEST NO. 2 (for new well)

Commenced at (hour, date)			Zone producing (upper or lower)	
TIME	LAPSED TIME	PRESSURE		Remarks
(hour, date)	SINCE*	Upper	Lower	

Production rate during test					
Oil		BOPD based on	Bbls.in	Hours	Grav. GOR
Gas		MCFPD; Tested thru (Orifice or Meter):			

Remarks

hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved DEC 27 2004 Date _____ Operator ConocoPhillips Co.
New Mexico Oil Conservation Division By Bruce Chism
By Chadwick Date _____ Title MSO
Title Asst. SUPERVISOR DISTRICT # 3 Date 12/22/04

All shaded boxes shall be filled out by tester before being sent in.

